DOCUMENT RESUME

ED 440 333 CG 029 875

AUTHOR	Wickwire, Pat Nellor, Ed.
TITLE	CACD Journal, 1998-1999.
INSTITUTION	California Association for Counseling and Development, Fullerton.
ISSN	ISSN-1052-3103.
PUB DATE	1999-00-00
NOTE	81p.; Published annually.
AVAILABLE FROM	California Association for Counseling and Development, 2555 East Chapman Ave., Suite 201, Fullerton, CA 92831 ($4, members; $8, nonmembers). Tel: 714-871-6460.
PUB TYPE	Collected Works - Serials (022)
JOURNAL CIT	CACD Journal; v19 1998-1999
EDRS PRICE	MF01/PC04 Plus Postage.
DESCRIPTORS	Career Academies; *Counseling; Counselor Educators; Counselor Training; Higher Education; Intermediate Grades; Intervention; Mental Health; *Professional Associations; School Psychologists
IDENTIFIERS	California

ABSTRACT

This publication of the California Association for Counseling and Development for 1998-1999 supports the organizational goals of leadership, inquiry, discovery, excellence, and innovation. It attempts to identify the current issues of concern in the counseling field and to share research to help improve the professional learning community. As a leading voice in the counseling field, it serves as an important link for all professionals in practice. The articles for this issue include: (1) "The Editor's Message" (Pat Nellor Wickwire); (2) "The CACD President's Message" (Sharon Johnson); (3) "Correlates of Depression among Fifth- and Sixth-Grade Students from Regular Education, Gifted Education, and Special Education" (Dudley J. Wiest, Eugene H. Wong, Joseph M. Cervantes, LuAnn Craik, and Dennis Krell); (4) "Attitudes of College Students from Three Countries on Intimacy and People with Disability: A Cross-Cultural Perspective" (Roy K. Chen and Martin G. Brodwin); (5) "Generations Theory: Counseling Using Generational Value Systems" (Colette F. Dollarhide and Robyn Haxton); (6) "Critical Analysis of Social Skills Training" (B. Grant Hayes); (7) "Meeting the Needs of College Athletes: Implications for Counselors" (Trey Fitch and Chester Robinson); (8) "The California Association for Multicultural Counseling (CAMC): History and Development" (Mary Ellen Davis); (9) "Ethics Training and Counseling Practice: An Interactive Decision-Making Analysis" (Bette Katsekas); (10) "Dual Model Group Supervision: Simultaneous Use of Dynamic and Cognitive-Behavioral Approaches" (Kathryn C. MacCluskie); (11) "Advocacy for Clients and the Profession: A Multicultural Perspective" (Marcelett C. Henry); (12) "The Counselor as a Person: Integrating Theory with Self" (Dwight Webb); (13) "The New World of Work: Implications for Career Counselors" (Shelley Metzger); and (14) "Doodling: Boredom or Creative Learning?" (Robert Estell). (Each article contains references.) (JDM)

Reproductions supplied by EDRS are the best that can be made
from the original document.

ED 440 333

Volume 19 1998-99

CACD JOURNAL

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

P. NELLOR-
WICKWIRE

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

PAT NELLOR WICKWIRE
Editor

An Official Publication
of the
California Association for Counseling and Development

CG029875

BEST COPY AVAILABLE

CACD JOURNAL

California Association for Counseling and Development
2555 East Chapman Avenue, Suite 201
Fullerton, CA 92831
(714) 871-6460

Editor
Pat Nellor Wickwire
The Nellor Wickwire Group
Hermosa Beach

Associate Editor
John Bancroft, Emeritus
San Bernardino Valley College
Yucaipa

Assistant Editor
Martin G. Brodwin
California State University
Los Angeles

Production Editor
Richard Hoover
CACD, Fullerton

Editorial Review Board

Jackie M. Allen
Allen Consulting Associates
Fremont

Dale Burklund, Retired
Santa Clara County Schools
Cupertino

Margaret Cooney
California State University
San Bernardino

Cynthia S. Johnson, Emerita
California State University
Long Beach

Mark Pope
University of Missouri
St. Louis

Marcelino Saucedo
Cerritos College
Norwalk

Elizabeth Stebbins
Hinton Career Strategists
Aliso Viejo

Joan Blacher, Emerita
California Lutheran University
Thousand Oaks

Nils Carlson, Jr.
California State University
Bakersfield

C. D. Johnson
Johnsons and Associates
San Juan Capistrano

Lisa Lee
EdITS
San Diego

Benjamin Reddish, Jr.
Edison High School
Stockton

Peggy Smith
San Francisco State University
San Francisco

William H. Wright, Jr.
Consultant Services
Whittier

The *CACD Journal* (ISSN 1052-3103), official publication of the California Association for Counseling and Development, is indexed by ERIC. CACD members receive the *CACD Journal* as a benefit of CACD membership. Single copies are $4.00 for members and $8.00 for non-members. Address correspondence to CACD Publication Sales.

The *CACD Journal* invites manuscripts about the profession for the professional, including articles about theory and practice, research, trends, issues, and ideas. Guidelines for authors are included in each issue of the *CACD Journal*. Address correspondence to *CACD Journal* Editor.

Copyright is held by the *CACD Journal* to protect authorship. Permission must be requested in writing for the reproduction of 300 or more words. Address correspondence to *CACD Journal* Editor.

Advertising space is available in the *CACD Journal*, subject to the principles of law and ethics. Address correspondence to *CACD Journal* Advertising.

Undelivered copies of the *CACD Journal* resulting from lack of notification of address change are not replaced. Address correspondence to CACD Address Changes.

The *CACD Journal* is printed by Bixby Knolls Printing & Graphics, Fullerton, CA 92832.

California Association for Counseling and Development

CACD JOURNAL

Volume 19 1998-99

TABLE OF CONTENTS

The Editor's Message 3
Pat Nellor Wickwire

The CACD President's Message 5
Sharon Johnson

Correlates of Depression Among Fifth- and Sixth-Grade Students from Regular Education, Gifted Education, and Special Education 7
Dudley J. Wiest, Eugene H. Wong, Joseph M. Cervantes, LuAnn Craik, and Dennis Krell

Attitudes of College Students from Three Countries on Intimacy and People with Disability: A Cross-Cultural Perspective 15
Roy K. Chen and Martin G. Brodwin

Generations Theory: Counseling Using Generational Value Systems 21
Colette F. Dollarhide and Robyn Haxton

Critical Analysis of Social Skills Training 29
B. Grant Hayes

Meeting the Needs of College Athletes: Implications for Counselors 35
Trey Fitch and Chester Robinson

FEATURE

Building the Counseling Profession

The California Association for Multicultural Counseling (CAMC): History and Development 41
Mary Ellen Davis

FEATURE

Professional Practices in Counseling

Ethics Training and Counseling Practice: An Interactive Decision-Making Analysis 47
Bette Katsekas

Dual Model Group Supervision: Simultaneous Use of Dynamic and Cognitive-Behavioral Approaches 53
Kathryn C. MacCluskie

FEATURE

The Personal Side of Counseling

Advocacy for Clients and the Profession: A Multicultural Perspective 61
Marcelett C. Henry

The Counselor as a Person: Integrating Theory with Self 65
Dwight Webb

The New World of Work: Implications for Career Counselors 69
Shelley Metzger

Doodling: Boredom or Creative Learning? 71
Robert Estell

***CACD Journal* Guidelines for Authors** 73

CACD Leadership Team Directory 74

© 1999 by the California Association for Counseling and Development

THE EDITOR'S MESSAGE

Pat Nellor Wickwire

This issue of the *CACD Journal* clearly supports 1998-99 CACD President Sharon Johnson's theme, "leadership, Leadership, LEADERSHIP." Research, theory, and practice articles highlight inquiry, discovery, excellence, innovation, and leadership in the counseling profession.

Dudley J. Wiest, Eugene H. Wong, Joseph M. Cervantes, LuAnn Craik, and Dennis Kreil report the results of research to identify the factors that relate to depression in upper elementary school students.

Roy K. Chen and Martin G. Brodwin present the results of a study of the attitudes of college students from the United States, Taiwan, and Singapore about establishing relationships with individuals with disabilities.

Colette F. Dollarhide and Robyn Haxton discuss generations theory, and suggest applications of generational value systems in counseling.

B. Grant Hayes provides information about the benefits and limitations of social skills training.

Trey Fitch and Chester Robinson support counselor attention to the developmental needs of college athletes.

In the continuing feature "Building the Counseling Profession," Mary Ellen Davis reviews the history and the development of the California Association for Multicultural Counseling.

In the continuing feature "Professional Practices in Counseling," Bette Katsekas outlines an approach to ethics education in counselor training programs. Kathryn C. MacCluskie presents a model for co-led supervision groups in counselor training.

In the continuing feature "The Personal Side of Counseling," Marcelett C. Henry encourages counselors to assume active roles in advocacy for clients and counselors. Dwight Webb invites counselors to address personal and professional imperatives in counseling. Shelley Metzger challenges counselors to display awareness and communication about changes in work. Robert Estell demonstrates the benefits of creative learning and expression.

You are invited to join these leaders in sharing your research, theory, and practice with professional colleagues through the *CACD Journal.* Your leadership legacy of insights, ideas, and information will become part of the permanent professional literature, and support the advancement of the counseling profession.

THE PRESIDENT'S MESSAGE

Sharon Johnson

Counseling is a profession; in a profession, there are certain expectations and requirements. One element of a profession is the necessity for special knowledge or education. There must be a professional culture that is perpetuated via consistent training programs, research, and continuing professional growth and knowledge.

Another requirement of professionalism is active participation and leadership in professional organizations. The *CACD Journal* is an important contribution to our profession of counseling. Through the journal, the community of counselors seeks to identify the current issues of concern to our field, to share research, and to reformulate our shared mission, vision, and values. The collective inquiry presented through the articles becomes the engine of improvement, growth, and renewal for our professional learning community. Together, we must form collaborative teams, learning from one another and creating momentum to fuel continued improvement. It has been said that counseling has a 5-year halflife. If we lose our willingness to experiment and sometimes to fail, in order to change and improve, then we risk losing our sense of community.

The purpose of the *CACD Journal* is to foster continuous improvement. As a profession, we must strive for results. If something is not working, we must recreate new ways of achieving our desired results. As professionals, counselors must continually renew skills through attendance at workshops, professional conferences, and conventions; subscribe to and read scholarly journals; and maintain currency in the field through reading a variety of professional literature related to counseling, education, psychology, and other related disciplines.

The *CACD Journal* has been a leading voice in the field of counseling for many years. The articles submitted by our colleagues initiate the conversations that will lead us into the next millenium. I want to acknowledge how much Pat Nellor Wickwire, serving brilliantly for 9 years as Editor of the *CACD Journal,* has provided this important link between professionals. The awards granted the journal over the years speak to the excellence of Pat's contributions, but even more to the dedication and energy she has contributed to a model of what it means to be a professional. Your leadership is gratefully appreciated in a year in which the focus has been on "leadership, Leadership, LEADERSHIP."

Sharon Johnson, 1998-99 President, California Association for Counseling and Development; Professor, Division of Administration and Counseling, California State University, Los Angeles.

Correlates of Depression Among Fifth- and Sixth-Grade Students from Regular Education, Gifted Education, and Special Education

Dudley J. Wiest, Eugene H. Wong, Joseph M. Cervantes, LuAnn Craik, and Dennis Kreil

The deficits and consequences of depression syndromes are well-known to clinicians in both school and mental health settings. Less clear are the problems associated with symptoms of depressed mood which students report from the school setting. This study of fifth- and sixth-grade students from regular, special, and gifted education explored the associations between two basic symptoms of childhood depression (irritable/angry and sad/hopeless) and scales designed to measure positive outcomes of child development such as attachment, intrinsic motivation, coping skills, competence, and autonomy.

Depression in children and adolescents has received more serious attention in recent years as a result of its incidence, the increased complexity of life problems, rising urban violence, and the extension of depression into adulthood (Black & Krishnakumar, 1998; Cicchetti & Toth, 1998; Kovacs, 1996). In fact, depression is becoming so problematic and prevalent in the child and adolescent population that it represents a public health risk (Hammen & Rudolph, 1996).

Recent epidemiological studies have suggested that both diagnosed and self-reported symptoms of depression predict high rates of significant emotional distress in both children and adolescents (Cooper & Goodyear, 1993; Costello, 1998; Offord, 1987; Reinherz, 1993). Contemporary research has also noted that depression in children often extends into varying stages of adulthood, is typically preceded by the presence of anxiety or the development of an anxiety disorder, and may result in suicide. Suicide as an outcome is particularly associated with the presence of a major depressive disorder in childhood or during the adolescent years (Kovacs, 1996; McCracken & Cantwell, 1992; Rao, 1993).

Part of the difficulty in understanding the issues surrounding child and adolescent depression involves the lack of clarity in defining the term. Angold (1988) described how depression has characteristically been operationalized as involving depressed mood, depressive syndromes, or depressive disorders. Depressed mood has been defined as a single symptom or group of symptoms that involve dysphoric affect. Typically, self-report measures have been used to identify depressed mood. Depression symptoms which significantly correlate with each other are empirically and theoretically constructed as a syndrome. Finally, depressive disorders have been reflected as categorical diagnoses such as those noted by the American Psychiatric Association's [APA]

Dudley J. Wiest, Professor, Department of Educational Psychology and Counseling, California State University, San Bernardino; Eugene H. Wong, Associate Professor, Department of Psychology, California State University, San Bernardino; Joseph M. Cervantes, Associate Professor, Department of Marriage and Family Therapy, California State University, Fullerton; LuAnn Craik, Program Specialist, Placentia/Yorba Linda Unified School District, Placentia, California; Dennis Kreil, Director of Pupil Services, Placentia/Yorba Linda Unified School District, Placentia, California.

(1994) *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.) (*DSM-IV*).

Previously Wong and Wiest (in press) noted that a single depressive symptom statement (I feel sad and depressed) was endorsed by 25% of the adolescents in the study group as "usually" or "always" occurring. This single factor was significantly related to poor coping skills, projection of blame onto others, high levels of anxiety, perceptions of parents as less involved and less supportive of autonomy, and perceptions of peers as less supportive of autonomy. The percentage of students endorsing this factor was the same for regular, special, and alternative education students. Students from different academic experiences equally endorsed the symptom of depression and reported experiencing related negative outcomes considered detrimental to the developmental process.

The present study extends the discussion of depression symptoms to the elementary school-aged child. Specifically, children from fifth- and sixth-grade programs (regular, special, and gifted education) were queried for their self-perceptions of depressive mood, including the domains of sad/hopeless and irritable/angry. These symptoms are noted in the *DSM-IV* (APA, 1994) as representative of the syndrome of depression. While these two moods, sad/hopeless and irritable/angry, are quite different in expression, both are considered to be parallel constructs of childhood depression. In this study, correlation matrices were developed to examine the relationships between these two symptoms and other indices of emotional well-being (coping, mastery, attachment, self-worth, and competence) in childhood.

Method

Participants

The study cohort was comprised of 243 fifth- and sixth-grade students from regular education (n = 135), gifted education (n = 55), and special education students (n = 53). Students from the regular and special education cohorts were chosen from a Southern California school district of over 26,000 students. Students from the gifted cohort were chosen from a neighboring district with similar demographics and more definitive guidelines for inclusion in the gifted education program (i.e., intelligence at the 98th percentile or above, as well as global reading and global math academic scores at or above the 98th percentile). These districts reflected the diversity of Southern California, with over 47 languages spoken in the homes. The sample cohort also reflected diversity: 56% White, 19% Latino, 15% Asian, 3% Black, and 7% other.

All students attended elementary schools, as opposed to middle schools. Students in the regular education group had one primary teacher for instruction. The special education students were identified under federal guidelines for learning disabilities and attended the special program less than 49% of the day. Students from the gifted cohort attended a regular school site and attended a self-contained classroom for accelerated learning.

Procedure

The districts agreed to sponsor the study, and participant teachers were visited to develop rapport and generate support for the project. Parents were informed through a letter of the potential administration of the scales, as well as rationale, goals, procedures, and confidentiality. Over 90% of the students received formal written permission from their parent(s) or guardian(s) and participated in the study. During the administration of the survey instrument, standard instructions were given to the classes, and all members were encouraged to finish all items. The instrument was confidential and anonymous. A proctor read the scales aloud to all of the elementary school stu-

dents to control for reading level.

Instruments

The following five scales were utilized to develop the assessment instrument: Inventory of Parent and Peer Attachment (Armsden & Greenberg, 1987), Self-Perception Profile for Adolescents (Harter, 1988), Origin and Climate Questionnaire (DeCharms,1976), Academic Coping Inventory (Tero & Connell,1984), and The Scale of Intrinsic versus Extrinsic Orientation in the Classroom (Harter, 1989). Three subscales (academic competence, social competence, and global self-worth) from the Self-Perception Profile were utilized in this project. Only the teacher autonomy support subscale from the Origin-Climate measure was utilized. Four subscales (positive coping, anxiety, denial, and projection) from the Academic Coping Inventory were employed. Finally, three subscales (preference for challenge, independent mastery, and curiosity) from the motivation measure were utilized. All of the scales have been used nationally in research, and they reflect moderate to excellent levels of reliability and validity

Depression Variables

Two depression variables were embedded within the assessment tool. Each variable represents a symptom of depression typically noted in children and adolescents. Items included "When I think about my life, I feel sad and hopeless." and "When I think about my life, I feel irritable and angry."

Results

Students responded to the items on the individual scales, as well as the two depression items, on a 4-point Likert scale ("never, sometimes, most of the time, always"). Fifty-three percent of the entire sample reported that they were irritable/angry sometimes, most of the time, or always. Forty percent of the entire sample reported that they were sad/hopeless sometimes, most of the time, or always. In other words, approximately half of the students reported having some aspect of mood symptom when reflecting on their lives. It is also interesting to note that 14% of the sample indicated that they were irritable/angry most of the time or always, and 15% of the sample reported that they were sad/hopeless most of the time or always.

Within the gifted sample, 47% of students indicated that they were irritable/angry sometimes, most of the time, or always; 42% of the students reported that they were sad/hopeless sometimes, most of the time, or always. In the special education sample, 55% endorsed the irritable/angry item and 43% endorsed the sad/hopeless item sometimes, most of the time, or always. Finally, among students from regular education, 56% acknowledged the irritable/angry symptom and 38% acknowledged the sad/hopeless symptom at the sometimes, most of the time, or always levels.

In order to examine the relationship between depression and academically related variables (i.e., motivational orientation, attachment, perceived competence, teacher autonomy support, and academic coping), Pearson correlations were calculated. Subscale scores of the academically related variables were employed in the correlational analysis.

Table 1 contains the correlational analysis for the gifted students. Nine correlations were significant. Specifically, the irritable/angry item was significantly associated with anxiety, positive coping, academic competence, global self-worth, and social competence. Sad/hopeless was significantly associated with anxiety, academic competence, global self-worth, and social competence.

Table 1

Intercorrelations of Outcome and Depression Variables for Fifth-and Sixth-Grade Students in Gifted Education (n = 55)

Outcome/ Depression variable	Outcome variable												
	1	2	3	4	5	6	7	8	9	10	11	12	13
1. ANX													
2. COPE	-.53**												
3. DENY	-.04	.07											
4. PROJ	.15	-.16	.03										
5. CHAL	-.11	.47	-.05	-.27									
6. CUR	-.08	.42**	-.10	-.31	.72**								
7. MAST	-.15	.17	-.01	-.35**	.55**	.48**							
8. PE/AT	-.02	.28	.07	-.01	.18	.28*	.10						
9. PAR/AT	-.14	.29*	.26	.01	-.09	-.02	-.03	.41*					
10. AC/CMP	-.40**	.27*	-.08	.08	.42**	.24	.34*	.13	-.12				
11. WORTH	-.61**	.35**	.02	-.07	.11	.18	.13	.01	.23	.52**			
12. SO/CMP	-.54**	-.34*	-.04	-.16	.33*	.21	.14	.26	.09	.48**	.62**		
13. TE/AUT	-.32*	.28*	-.21	-.10	.19	.27*	.15	.34	.21	.22	.23	.28	
14. ANGER	.50**	-.42**	-.08	.05	-.10	-.05	-.07	.01	-.25	-.29**	-.56**	-.43**	-.21
15. SAD	.44**	-.15	.12	.03	.03	.05	-.08	.23	-.03	-.37**	-.60**	-.32*	-.17

Note. Outcome variables: ANX = anxiety, COPE = positive coping, DENY = denial, PROJ = projection of blame, CHAL = Challenge, CUR = curiosity, MAST = mastery, PE/AT = peer autonomy support, PAR/AT = parent attachment, AC/CMP = academic competence, WORTH = global self-worth, SO/CMP = social competence, TE/AUT = teacher autonomy support.
Note. Depression variables: ANGER = irritable/angry, SAD = sad/hopeless.
*$p < .05$. **$p < .01$.

Table 2 contains the correlations for the special education cohort. Ten correlations were significant for this group of students. In particular, irritable/angry was significantly associated with anxiety, positive coping, denial, projection of blame, global self-worth, and teacher autonomy support. The sad/hopeless item was significantly associated with anxiety, positive coping, global self-worth, and teacher autonomy support.

Finally, Table 3 contains the correlations for the regular education students. Thirteen correlations were significant for this group. The irritable/angry item was significantly associated with anxiety, projection of blame, academic competence, global self-worth, social competence, and teacher autonomy support. The sad/hopeless item was significantly associated with anxiety, projection of blame, challenge, academic competence, global self-worth, social competence, and teacher autonomy support.

Table 2

Intercorrelations of Outcome and Depression Variables for Fifth- and Sixth-Grade Students in Special Education/LD (n = 53)

Outcome/ Depression variable	Outcome variable												
	1	2	3	4	5	6	7	8	9	10	11	12	13
1. ANX													
2. COPE	-.09												
3. DENY	.16	-.02											
4. PROJ	.41**	-.01	.34**										
5. CHAL	-.24	.41**	-.02	-.11									
6. CUR	-.19	.43**	-.06	-.06	.65**								
7. MAST	-.40**	.33*	-.05	-.20**	.58**	.51**							
8. PE/AT	.07	.23	.20	.25	.03	.03*	-.05						
9. PAR/AT	.24	.49**	-.01	.16	.24	.20	.15	.32					
10. AC/CMP	-.45**	.12*	.14	-.16	.55**	.29	.52**	-.22	-.08				
11. WORTH	-.43**	.40*	-.07	-.29*	.22**	.10	.20	.05	-.01	.16			
12. SO/CMP	-.28*	.08	-.05	-.15	.01	-.12	.17	.24	.01	.07	.26		
13. TE/AUT	-.33*	.38**	.17	-.26	.45**	.42**	.27	-.02	.01	.35*	.45**	.09	
14. ANGER	.29*	-.31	.30*	.57**	-.20	-.26	-.20	-.02	-.02	-.08	-.44**	-.17	-.43**
15. SAD	.28*	-.30*	.09	.20	-.28*	-.10	.03	-.07	-.02	-.08	-.58**	-.02	-.39**

Note. Outcome variables: ANX = anxiety, COPE = positive coping, DENY = denial, PROJ = projection of blame, CHAL = Challenge, CUR = curiosity, MAST = mastery, PE/AT = peer autonomy support, PAR/AT = parent attachment, AC/CMP = academic competence, WORTH = global self-worth, SO/CMP = social competence, TE/AUT = teacher autonomy support.
Note. Depression variables: ANGER = irritable/angry, SAD = sad/hopeless.
*$p < .05$. **$p < .01$.

Table 3

Intercorrelations of Outcome and Depression Variables for Fifth- and Sixth-Grade Students in Regular Education (n = 135)

Outcome/ Depression variable	Outcome variable												
	1	2	3	4	5	6	7	8	9	10	11	12	13
1. ANX													
2. COPE	.00												
3. DENY	-.13	-.14											
4. PROJ	.26**	-.40**	.31**										
5. CHAL	-.17	.40**	-.13	-.24									
6. CUR	-.02	.48**	-.03	-.28	.61**								
7. MAST	-.08	.01	-.04	.03**	.52**	.36**							
8. PE/AT	.05	.16	.00	.05	.08	.20*	-.02						
9. PAR/AT	.02	.27**	-.02	.07	.30**	.27**	.11	.29					
10. AC/CMP	-.34**	.22*	-.94	-.22*	.44**	.22*	.20*	.07	.12				
11. WORTH	-.42**	.19*	.10	-.17*	.31**	.27	.07	.02	.16	.45**			
12. SO/CMP	-.19*	-.02	-.03	-.27	.11	.01	.06	.04	.02	.40**	.48**		
13. TE/AUT	-.29**	.27**	-.20*	-.49	.20*	.32**	.06	.06	.05	.35**	.26**	.13	
14. ANGER	.41**	-.18*	.13	.41**	-.16	-.04	-.06	-.02	.01	-.28**	-.45**	-.42**	-.41**
15. SAD	.50**	-.11*	-.01	.38**	-.28**	-.09	-.05	.10	-.08	-.37**	-.49**	-.30**	-.30**

Note. Outcome variables: ANX = anxiety, COPE = positive coping, DENY = denial, PROJ = projection of blame, CHAL = Challenge, CUR = curiosity, MAST = mastery, PE/AT = peer autonomy support, PAR/AT = parent attachment, AC/CMP = academic competence, WORTH = global self-worth, SO/CMP = social competence, TE/AUT = teacher autonomy support.
Note. Depression variables: ANGER = irritable/angry, SAD = sad/hopeless.
*$p < .05$. **$p < .01$.

BEST COPY AVAILABLE

Discussion

This was an initial study designed to assess the relationships between symptoms of depression (disturbed mood), defined as irritable/angry and sad/hopeless, and outcome variables such as coping, competence, autonomy, attachment, and intrinsic motivation. Not surprisingly, approximately half of the children from the study indicated some form of depressive mood at least some of the time. In addition, 14% indicated irritable/angry symptoms, and 15% cited sad/hopeless feelings most of the time or always. To put it in perspective, in a classroom of 30 children, 4 or 5 children may report feeling either irritable/angry or sad/hopeless the majority of their lives. These percentages are lower than the 25% rate reported by high school seniors from a previous study (Wong & Wiest, in press), which may suggest a developmental pattern of acceleration of mood symptoms.

Both sad/hopeless and irritable/angry mood symptoms were significantly related to anxiety, a co-morbid disorder well-established in the literature. In addition, the groups reflected similar relationships between irritable/angry and sad/hopeless items and the global self-worth scale, a measure of self-esteem. In essence, when children endorse either of these individual mood symptoms, they concurrently subscribe to being unhappy with themselves, wishing they were different, and seeing themselves as a disappointment. The depression variables were not associated with attachment to parents or peers, and neither were they related to the intrinsic variables of curiosity and mastery.

Students from the gifted cohort who endorsed the irritable/angry item perceived themselves as having high levels of anxiety, and low levels of coping skills, academic competence, self-esteem, and social skills. Gifted students scoring high in the sad/hopeless symptom rated themselves as having high levels of anxiety, and low levels of academic competence, self-esteem, and social competence. These students did not blame other students, parents, or teachers when they felt sad and dysphoric, and they largely experienced themselves as incompetent over a variety of domains.

Special education students who had been diagnosed with specific learning disabilities, indicated that irritable/angry symptoms were related to high anxiety, denial of a problem, projection of blame onto others, and low levels of coping, self-esteem, and teacher support. Special education students also had significant associations between sad/hopeless symptoms and high anxiety, and low coping, desire for challenge, self-esteem, and teacher support. As a whole, this group reflected the lowest levels of significant anxiety among the three groups, and they also did not reflect low levels of academic and social competence when sad or irritable. However, the irritable/angry group did endorse the most defenses of any group, suggesting that when overwhelmed with anxiety, they cope by blaming others or denying a problem.

Regular education students responded with the most problems associated with depressive symptoms. Students with irritable/angry mood had concomitant anxiety, high projection of blame onto others, and low academic competence, self-esteem, social competence, and teacher support. Students with sad/hopeless mood reported anxiety, high projection of blame, and low desire for challenge, coping, self-esteem, social competence, and teacher support. When these students reported depressive symptoms, they endorsed the most problems in feeling effective and competent, and they perceived their teachers as nonsupportive.

In summary, mood symptoms of depression such as irritability, anger, sadness, and hopelessness may or may not reflect a mood disorder or syndrome, as delineated by

such taxonomies as the *DSM-IV* (APA, 1994), but they do appear to have relationships to competence, coping, anxiety, self-esteem, teacher support, and defense mechanisms. This has significant ramifications for school and mental health practitioners.

First of all, mood symptoms should be taken seriously, and students should be interviewed for their self-perceptions and conflicts in depth. Given the evidence of striking growth in adolescent suicide and depression, addressing symptoms in elementary school may prove to be preventative to future negative mood outcomes. Second, all groups appear to have these mood symptoms, and a child's success academically does not preclude him or her from having depression, anxiety, low self-esteem, and other problematic behavioral features. Third, evidence of such depressive symptoms and associative problems should alert various system levels of the importance of funding schools and community agencies with appropriately trained professionals such as school counselors, school psychologists, and mental health professionals. Simply providing the minimum level of service (e.g., school psychologist-school ratio of 1:3-5, high school counselor-student ratio of 1:500, and few elementary counselors in California) is hardly addressing the need. To address mood and associative problems adequately, professionals must advocate for school boards, local government, and state government to provide necessary services for students who are likely to be present in every class and in every educational setting. Finally, students in the school counseling, school psychology, and mental health counseling fields must be trained to be collaborative and flexible. Professionals must embrace the principle that collaboration across disciplines will assist and support the child across systems and ecologies such as home, school, neighborhood, and clinic. This suggests respect for each role and strong consultation skills. This principle must be established in initial university training and subsequently cultivated in the field.

References

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed). Washington, DC: American Psychiatric Association.

Angold, A. (1988). Childhood and adolescent depression: Epidemiological and aetiological aspects. *British Journal of Psychiatry, 152,* 601-617.

Armsden, G. C., & Greenberg, M. T. (1987). The Inventory of Parent and Peer Attachment: Individual differences and their relationships to psychological well being in adolescence. *Journal of Youth and Adolescence, 16*(5), 427-454.

Black, M., & Krishnakumar, A. (1998). Children in low-income, urban settings: Interventions to promote mental health and well-being. *American Psychologist, 53*(6), 635-646.

Cicchetti, D., & Toth, S. (1998). The development of depression in children and adolescents. *American Psychologist, 53*(2), 221-241.

Cooper, P. J., & Goodyear, I. (1993). A community study of depression in adolescent girls: Estimates of symptom and syndrome prevalence. *British Journal of Psychiatry, 163,* 369-374.

Costello, E. J. (1998). Psychiatric disorders in pediatric primary care. *Archives of General Psychiatry, 45,* 1107-1116.

DeCharms, R. (1976). *Enhancing motivation: Change in the classroom.* New York: Irvington.

Hammen, C., & Rudolph, K. (1996). Childhood depression. In E. J. Mash & R. A. Barkley (Eds.), *Child psychopathology* (pp. 153-195). New York: Guilford.

BEST COPY AVAILABLE

Harter, S. (1988). *The Self-Perception Profile for Adolescents.* Denver, CO: University of Denver.

Harter, S. (1989). *The Scale of Intrinsic versus Extrinsic Orientation in the Classroom.* Denver, CO: University of Denver.

Kovacs, M. (1996). Presentation and course of major depressive disorder during childhood and later years of the life span. *Journal of the American Academy of Child and Adolescent Psychiatry, 35*(6), 705-715.

McCracken, J. T., & Cantwell, D. P. (1992). Management of child and adolescent depression. *Psychiatric Clinics of North America, 1*(1), 229-255,

Offord, D. R. (1987). Ontario child health study: Six month prevalence of disorder and rates of service utilization. *Archives of General Psychiatry, 44,* 832-836.

Rao, U. (1993). Childhood depression and risk of suicide: A preliminary report of a longitudinal study. *American Academy of Child and Adolescent Psychiatry, 32*(1), 21-27.

Reinherz, H. Z. (1993). Psychosocial risks of major depression in late adolescence: A longitudinal community study. *Journal of the American Academy of Child and Adolescent Psychiatry, 32,* 1155-1163.

Tero, C. F., & Connell, J. P. (1984). *Children's Academic Coping Inventory: A new self-report measure.* Paper presented at the meeting of the American Educational Research Association, New Orleans, LA.

Wong, E., & Wiest, D. (in press). Adolescent depression: Links to academic coping and perceived autonomy support. *Education.*

Attitudes of College Students from Three Countries on Intimacy and People with Disability: A Cross-Cultural Perspective

Roy K. Chen and Martin G. Brodwin

The purpose of this study was to compare the attitudes of college students in the United States, Taiwan, and Singapore about establishing romantically involved relationships with individuals who have disabilities. Results indicated that American students reported attitudes that are significantly more positive than those of students from Taiwan and Singapore. Counselors in educational settings, mental health facilities, and rehabilitation agencies can serve their students and clients who have disabilities more effectively if they are aware of societal attitudes towards disability.

Sexuality goes beyond physical and physiological functioning to the psychological feelings associated with gender identity, self-worth, and social attitudes. Counselors need an understanding of the interrelatedness and interaction of disability and issues of intimacy and sexuality. Negative societal attitudes have compounded these complex issues and have had a significant negative impact on the self-esteem of many people with disabilities. These attitudes can, and often do, inhibit individuals from accepting and acknowledging their sexuality and considering themselves to be sexually functioning people (Best, 1993). Defined in its narrowest sense, sexuality is the expression of our physical urges; yet, it is much more than this. Sexuality is how we feel about ourselves, how we present ourselves to others, and how we fill our roles in society (Person, 1989).

Prejudice and People with Disabilities

Counselors need to become more aware of the myths and prejudices associated with disability and sexuality. Some of these myths are listed below:

"Disabled people are asexual."

"Disabled people are over-sexed and have uncontrollable urges."

"Disabled people are dependent and child-like and, thus, need to be protected."

"Disability breeds disability."

"Disabled people should stay with and marry their own kind."

"If a disabled person has a sexual problem, it is almost always the result of the disability."

"If a nondisabled person has a sexual relationship with a disabled individual, it's because (s)he can't attract anyone else" (Cornelius, Chipouras, Makas, & Daniels, 1982, pp. 2-4).

Lim-Kee (1994) noted that when it comes to marriage, the disabled population has as much right as any other group to be autonomous in making marital choices. When two persons decide to live together and share their lives, whether through marriage or cohabitation without marriage, the underlying need is the sense of belonging to a

Roy K. Chen, Doctoral Student, Rehabilitation Counseling, College of Education, Michigan State University, East Lansing; Martin G. Brodwin, Professor and Coordinator of the Rehabilitation Counselor Education Program, Charter School of Education, California State University, Los Angeles.

mate, a major function of marriage. Isolation and loneliness, often a consequence of living alone, can be two of the most stressful aspects of living with a disability (DeLoach & Greer, 1981). Hopkins (1971) found that the suicide rate among persons with disabilities is much higher than the general population.

Researchers in the fields of counseling and disability issues have conducted studies to dispel the myth that people with disabilities have no interest in having relationships with the opposite sex. Cromer, Enrile, McKoy, and Gerchardstein (1990) administered the Offer Self-Image Questionnaire for Adolescents to teenagers with chronic disabilities to assess their knowledge, attitudes, and behavior related to sexuality and marriage. The results showed that 88% of the respondents expressed a desire to marry. In addition, individuals with less severe disabilities appeared to have more knowledge about sexuality than their counterparts with more limited body functions.

While the general public is more accepting of persons with disabilities as colleagues or casual friends, people are still hesitant to perceive individuals with disabilities as potential dating or marriage partners (DeLoach, 1994; Kelly, 1996). Myths, prejudice, and misunderstandings of disabling conditions continue to have a negative effect on the interaction of nondisabled and people with disabilities. Kroll and Klein (1995) stated that the most difficult challenge in a relationship with one partner with a disability and one nondisabled partner is the constant negative experiences they encounter. Discouragement is a common deterrence to the development of a potential relationship. This is particularly true at the beginning stages of a relationship, when its development is under scrutiny by people around the couple. The mere presence of a disability can have a "desexing" effect on an individual. "The popular portrayal of sexuality in the media is that of a human quality and capacity reserved for those of perfect physique and breathtaking beauty" (Chubon, 1994, p. 152). Conversely, people who are viewed as unattractive and weak, as is often the case for people with disabilities, are considered to be lacking in sexuality.

The hypothesis of this study was that prejudice against people with disabilities would vary in accordance with the differing values held by a particular society. A society's myths, misconceptions, and prejudices are encompassed within that society's values and beliefs. The assumption of the researchers was that American students, with their relatively greater exposure to the presence of disabilities in the population as a result of protective laws and a more accommodating infrastructure, would be more comfortable with establishing intimate relationships with people who have disabilities. In contrast, Taiwanese students, bound by principles passed down over thousands of years, from one of the oldest civilizations in history, would be most uncomfortable with establishing such relationships. Students from Singapore, a former British colony in Southeast Asia which has integrated both Asian and Western cultures, were predicted to exhibit a more tolerant attitude toward people with disabilities than Taiwanese students, but a less tolerant attitude than American students.

Method

This study surveyed college students' attitudes about dating and marrying persons with disabilities. Comparisons were made for college students from three countries: the United States, Taiwan, and Singapore.

Participants

Freshman and sophomore college students enrolled in introductory psychology classes participated. The rationale for using students in a general education class was

that students of different majors taking a common requisite course would result in a relatively representative sample of the student population at each college.

Three urban 4-year degree-granting higher education institutions were selected to serve as the study sites. The geographic settings of the study were Los Angeles, California; Taipei City, Taiwan; and Singapore City, Singapore. Each metropolitan area has a population of 2.5 million or more with a heavy emphasis on international trade activities. Of 120 potential students at Southeast Asia Union College (SAUC), 115 students (95.8%) returned scorable forms. At California State University at Los Angeles (CSULA), of 194 potential students, 186 (95.9%) returned usable responses. The number of students who completed the questionnaire at the National Taiwan University (NTU) was 212 out of a possible 221 (95.9%).

Instrumentation

The instrument employed in this 3-nation comparative study was the Attitudes Toward Disabled Persons Scale, Form A (ATDP-A) (Yuker & Block, 1986). Fourteen additional questions were added to the original ATDP-A to explore students' views on dating and marriage, comparing attitudes toward people with disabilities with attitudes toward nondisabled individuals. Several of these questions are listed below:

People with disabilities should not date/marry at all.

People with disabilities should date/marry their own kind.

I avoid making social contacts with disabled people.

Typically, disabled persons do not have sex.

A man who is disabled is less likely to become a good provider for his family than an able-bodied man.

Testing Procedures

The questionnaire was translated into Chinese and mailed to NTU in Taiwan; questionnaires were sent to SAUC in Singapore in the English language, as these students were fluent in English. The researchers delivered the questionnaires to the psychology department office at CSULA. A letter of purpose and instructions to survey administrators were attached to the survey package. This inventory was administered in a group setting. There was no time limit for the survey; participants were able to complete it in 15 to 20 minutes. The completed questionnaires were returned to the researchers.

Results

Analysis of variance (ANOVA) was used to test the hypothesis that the level of acceptance of people with disabilities will vary in different countries. A significant difference was found when comparing the three countries. The results, as presented in Table 1, supported this hypothesis with $F = 31.59, p < .001$. In terms of tolerance of an intimate relationship between disabled and nondisabled people, the three countries were ranked in the following order: United States ($M = 181.86$, $SD = 29.28$), Taiwan ($M = 163.00$, $SD = 23.39$), and Singapore ($M = 162.87$, $SD = 24.42$). Post-hoc Tukey tests further revealed that American students had significantly higher scores than the two other groups ($p < .01$).

Discussion

The level of acceptance of people with disabilities varied in different nations. Americans were most open about the idea of dating and marrying a disabled partner, while Taiwanese and Singaporeans showed the least approval. American students had

a higher mean than Taiwanese and Singaporean students at the .001 level of significance.

Table 1

One-Way ANOVA by Country for All Students

Country	*N*	*M*	*SD*
Singapore	115	162.87	24.42
Taiwan	212	163.00	23.39
USA	186	181.86	29.28
Total	513	169.81	27.40

Analysis of Variance

Source	*SS*	*df*	*MS*	*F*
Between groups	42379.87	2	21189.93	31.59*
Within groups	342089.41	510	670.76	
Total	384469.28	512		

*$p < .001$.

The hypothesis of this study was that individuals from the United States would be more likely than Taiwanese and Singaporeans to accept interaction between disabled and nondisabled. Additionally, the researchers believed that students in Singapore would report more positive attitudes than students from Taiwan; this hypothesis was not confirmed in this study. The researchers believed that prejudices and principles within a country have an effect on the general public's attitude toward individuals with disabilities. The United States is unparalleled in providing social services to persons with disabilities. The recently enacted Americans with Disabilities Act and similar protective laws may account for the more positive attitudes of Americans in this study. The results confirmed the hypothesis that American students have more positive attitudes than participants in the other two countries.

The present researchers believe that a government's policies have a bearing on attitudes toward persons with disabilities. As stated above, students from Singapore had attitudes that were more negative when compared to American students. Lamb (1998) wrote that many citizens of Singapore have lost touch with their humility as they strive for perfection. Fear of yielding the competitive edge to its neighboring countries has led Singapore to adopt a quasi-elite policy to make the best use of human resources.

Weaker individuals may be inadvertently neglected by a society. For example, the educational system in Singapore incorporates a survival of the fittest philosophy. National matriculation examinations are being administered to 4th, 6th, 10th, and 12th grade students to screen out those who are less academically inclined. Less competitive students are enrolled in nonacademic track schools or vocational training centers. The government has taken steps to arrange blind dates between college graduates and has created tax breaks to encourage them to have two or more children. This elite class mentality contradicts the decades old one-child-per-family policy to halt population growth. Such an environment may engender a general apathy toward people with disabilities among Singaporeans. Perhaps this is why Singaporeans currently fare worse than Americans in their attitudes toward people who have disabilities.

The reported attitudes of college students toward intimacy and disability in Taiwan also were significantly less positive than students' attitudes in the United States. This result was as predicted. Taiwan has a culture bound by traditional principles passed down over thousands of years, from one of the oldest civilizations in history. When compared to the United States, change will be slower and values more conservative.

People often resist a change in attitude. The anxiety and fear induced by unfamiliarity with a group of a different background is one main reason that society resists new concepts and ideas. However, stereotypes may gradually be corrected once positive contact is made between two groups. Geographical proximity, with its reinforcement, provides insight into the process of interaction between persons without disabilities and those with disabilities (Berscheid & Walster, 1978; Yuker, 1995). Frequent contact enables people to create new perceptions of each other, based on the knowledge derived from close interaction. When misconceptions are clarified and greater understanding is achieved, psychological barriers between persons with disabilities and nondisabled persons will diminish.

Conclusion

Determinants of unfavorable societal responses toward people with disabilities include perceived cause of the disability, perceived threat of the disability, perceived responsibility for the disability, prevailing economic conditions, and sociocultural values and trends. Positive attitudes toward people with disabilities usually result in positive behavior and increased interaction on the part of nondisabled people. Negative attitudes often result in bias and discriminatory behavior. Additionally, negative attitudes create barriers that prevent persons with disabilities from full participation in society (Arokiasamy, Rubin, & Roessler, 1995; Yuker, 1995).

Counselors working in educational settings, mental health facilities, and rehabilitation agencies can assist their students and clients who have disabilities by understanding the impact that negative societal attitudes may have on intimacy and the establishment of romantic relationships with persons with disabilities. Through understanding the myths and misconceptions related to sexuality and intimacy and attributed to people who have disabilities, they can more effectively counsel these clients and students. Having beliefs that such individuals can be equally competent, and are more similar to people without disabilities than different, is a strong indication of positive attitude development. In contrast, those who believe people with disabilities are different, incompetent, inferior, weak, and have additional negative characteristics, tend to have attitudes that are negative (Yuker, 1995). Through a greater understanding, counselors can more readily and effectively serve their clients who have disabilities.

The more negative attitudes reported by students in Taiwan and Singapore, when compared to attitudes in the United States, indicates that these societies need to do more to change attitudes toward disability, especially in the area of intimacy and intimate relationships. These societies tend to be more traditional and conservative, which may have a negative impact on attitudes towards disability. Recent legislation and other factors favorable to positive attitudes in the United States may have helped create the more positive attitudes reported by college students in the United States.

BEST COPY AVAILABLE

References

Arokiasamy, C., Rubin, S. E., & Roessler, R. T. (1995). Sociological aspects of disability. In S. E. Rubin & R. T. Roessler (Eds.), *Foundations of the vocational rehabilitation process* (4th ed., pp. 123-155). Austin, TX: Pro-Ed.

Berscheid, E., & Walster, E. (1978). *Interpersonal attraction*. Menlo Park, CA: Addison-Wesley.

Best, G. A. (1993). Sexuality and disability. In M. G. Brodwin, F. A. Tellez, & S. K. Brodwin (Eds.), *Medical, psychosocial, and vocational aspects of disability* (pp. 79-90). Athens, GA: Elliott & Fitzpatrick.

Chubon, R. A. (1994). *Social and psychological foundations of rehabilitation*. Springfield, IL: Charles C. Thomas.

Cornelius, D. A., Chipouras, S., Makas, E., & Daniels, S. M. (1982). *Who cares? A handbook on sex education and counseling services for disabled people* (2nd ed.). Baltimore, MD: University Park Press.

Cromer, A., Enrile, B., McCoy, K., & Gerchardstein, M. J. (1990). Knowledge, attitudes, and behavior related to sexuality in adolescents with chronic disability. *Developmental Medicine and Child Neurology, 32*(7), 602-610.

DeLoach, C. P. (1994). Attitudes toward disability: Impact on sexual development and forging intimate relationships. *Journal of Applied Rehabilitation Counseling, 25*(1), 18-25.

DeLoach, C. P., & Greer, B. G. (1981). *Adjustment to severe physical disability: A metamorphosis*. New York: McGraw-Hill.

Hopkins, M. T. (1971). Patterns of self-destruction among the orthopedically disabled. *Rehabilitation Research and Practice Review, 3*, 5-16.

Kelly, G. F. (1996). *Sexuality today: The human perspective* (5th ed.). Dubuque, IA: Brown & Benchmark.

Kroll, K., & Klein, E. L. (1995). *Enabling romance: A guide to love, sex, and relationships for the disabled*. Bethesda, MD: First Woodbine House.

Lamb, D. (1998, February 16). Singapore sees efficiency as key to its success. *Los Angeles Times*, p. A12.

Lim-Kee, J. Y. (1994). Sexuality, marriage and disability. *International Journal of Adolescent Medicine and Health, 7*(3), 199-202.

Person, P. S. (1989, July-August). Sexuality, self-image, and you. *Arthritis Today*, pp. 6-10.

Yuker, H. E. (1995). Attitudes. In A. E. Dell Orto & R. P. Marinelli (Eds.), *Encyclopedia of disability and rehabilitation* (pp. 94-99). New York: Macmillan.

Yuker, H. E., & Block, J. R. (1986). *Research with the Attitudes Toward Disabled Persons Scale (ATDP) 1960-1985*. Hempstead, NY: Center for the Study of Attitudes toward Persons with Disabilities, Hofstra University.

Generations Theory: Counseling Using Generational Value Systems

Colette T. Dollarhide and Robyn Haxton

Counselors are encouraged to develop and apply an understanding of generational value systems. Information about generational cohorts and counseling implications is presented with background information about the development of values.

Several authors have called for continued examination into the role that values play in counseling (Beutler & Bergan, 1991; Kelly & Strupp, 1992). In response to this call, counselors are urged to develop and apply an understanding of generational value systems. Historical research has suggested that generational cohorts experience value programming in identifiable ways, and, if values similarity is as important as age, gender, or ethnicity similarity in counseling, then it is essential for counselors to understand generational cohorts. To contribute to the understanding of generational value systems, values in general, values programming, generational cohorts, and counseling implications are presented.

Values

The importance of values similarities and dissimilarities is addressed in the code of ethics for the profession. According to Christopher (1996), the profession itself lives by a value system manifest in the code of ethics (American Counseling Association [ACA], 1996), which prohibits the imposition of the counselor's personal values on clients. Christopher called for counselors to acknowledge their values embeddedness, and to work to understand the values systems of clients.

According to Brown and Crace (1996), values are images of needs learned from family and schools that "provide standards for behavior, orient people to desired end states, and form the basis for goal setting" (p. 212). Values are intimately interwoven with counseling, a direct influence in depression (Westgate, 1996), the primary factors in decision making (Brown & Crace, 1996), and measurable outcomes in counseling (Kelly & Strupp, 1992). As such, values "play a part in the process, outcome, and even assessment of therapy" (Kelly & Strupp, 1992, p.39).

Studies have examined the effects of counselor-client values similarities on counseling outcome and relationship, as well as demographics, personality, and cognitive styles as indicators of values dissimilarities (Beutler & Bergan, 1991). Critical dissimilarities may result in impaired relationship building and trust, and outcomes studies have suggested that values similarities are potentially of greater importance than ethnicity and gender similarity (Beutler & Bergan, 1991). Research has been conducted to ascertain the effect that client or counselor age may have on counseling (Hayslip, Scheider, & Bryant, 1989), and to call for more counselor education in the needs of older persons (Myers, Loesch, & Sweeney, 1991), suggesting that age has values implications. Knowing a client's age alone does not yield sufficient insight into the client's value system to assist counselors in establishing trust and rapport. A broad framework for understanding large-scale generational themes is needed.

Colette T. Dollarhide, Assistant Professor, Counselor Education, University of Wisconsin–Whitewater; Robyn Haxton, Counselor, Family Life Counseling Center, Wichita, Kansas.

Values Programming

According to Herman (1997), values are generally thought to be acquired in youth and then examined in young adulthood in a two-step process: socialization (or transmission from institutions) and internalization (the internal valuing process). Some values from parents are retained and adapted to fit the personality and current needs of the individual. Others are discarded because they are perceived as outdated or irrelevant (Herman, 1997). Individual variations result; however, it is possible to identify broad-scale patterns in the socialization of generational cohorts which have direct implications for the internalization process.

These patterns are the direct result of the influence of the two primary venues for values socialization: the family and schools (Brown & Crace, 1996). Values are taught based on society's prevailing image of appropriate adult behavior of that time frame, usually seen as the primary responsibility of the family. However, changes in family structure (from extended family interaction in the early 1900s, to nuclear family existence in the mid-1900s, to single-parent households and blended families in the late 1900s) and parenting styles (from highly protective to highly permissive) (Thomas, 1992) have increased the dialogue about the role of values education in schools (Herman, 1997). As such, changes in families and schools are experienced on a society-wide scale. From the foundation of values acquired by family and school, values continue to be shaped by personal and public events that disturb preconceived assumptions about life.

Generational Cohorts

Developmental theories have suggested that there are predictable life transitions (Erikson, 1963; Freud,1949), such as adolescence, mid-life crisis, and old age, and that there are predictable ways to navigate these transitions successfully (Bejian & Salomone, 1995; Simon & Osipow, 1996). Sheehy's works (1984, 1995) have popularized the concept of "passages," in which the life transitions of one generation have been presented as life transitions for all. This perspective suggests the 20-year-olds of today will mature into persons similar to the 40-year-olds of today, when in reality, the 20-year-olds of today will mature into the 40-year-olds of tomorrow—unique in values programming, shared experiences, worldviews, and ways to solve problems. There is no doubt that there are predictable life transitions and that there are commonalities among generations; however, the approach proposed in this article is consistent with Strauss and Howe's (1991) contention that the ways each generation navigates transitions are unique. This understanding of development will enable counselors to apply a new understanding of values as manifested in generational cohorts.

That generational cohorts have unique values and qualities, in addition to commonalities, is not a new idea. Newman (1995) listed qualities possessed by older workers, and Lebo, Harrington, and Tillman (1995) found strong age-cohort agreement across countries and cultures in researching work values. Levine (1980), Levine and Cureton (1998), and Loeb (1994) found unique generational values in college students. Strauss and Howe (1991) examined values as articulated in the media, politics, and academia from 1584 to the present, and found patterns in generational value systems that define generational cohorts. These generational groupings maintain their value identity throughout life, making each unique in how it views the world.

Each generational cohort is defined by three characteristics: "a common age location, common beliefs [values] and behaviors, [and] perceived membership in a common generation" (Strauss & Howe, 1991, p. 429). Each generation is shaped by events

of history and society as manifest in family and schools, but each generational cohort will interpret and internalize those events differently, based on when those events occur in that generation's life span. For example, the recession of 1990 was experienced as frightening by the generation coming of age during that time, but the same event was experienced as betrayal by mid-life adults who had operated under the presumption of employment security for most of their working lives. In turn, each generation shapes the events of history, as each generation seeks to address the issues perceived in its upbringing and life events (Strauss & Howe, 1991).

As in any theory, identifiable conditions will alter patterns. Each generational group can be visualized as a wave, with the clearest values consensus visible at the apex. Individuals born at the beginning and the end of the wave may hold values derived from overlapping generational cohorts, but will usually derive identity from a single generational cohort. Furthermore, individuals whose parents come from a "blended" generation partnership may not fit this model as proposed. In an initial study, results suggested that certain geographic areas in the country may tend to perpetuate the values of specific generations more than others, thereby confounding the patterns (Haxton, 1997).

The GI Generation (born 1901-1924)

The GI generation is currently among the oldest Americans, living longer than any other group in history. Important events that shaped this generation's worldview include the founding of the Boy Scouts and Girl Scouts, the flight of Charles Lindbergh, the Great Depression, World War I, Pearl Harbor and World War II, the rise of communism, the development of the atom bomb, and the rise of Superman. Values of this generation include an emphasis on teamwork, collective energy, authority, building new social institutions and businesses, appearance of optimism, and external affluence.

The Silent Generation (born 1925-1942)

Raised in the shadow of the powerful and successful GI generation, and followed closely by the flood of babies in the Boom generation, the Silent generation almost disappears in comparison, a "consummate helpmate generation" (Strauss & Howe, 1991, p. 279) which has produced three decades of presidential aides but no presidents. Experiences that shaped this generation include the end of World War II, the Korean War, anti-communism, and the Cold War. Silent members comprise a transitional generation, marking attainment through technocracy, facilitation, mediation, and caution, and calling themselves "unoriginal" (Strauss & Howe, 1991, p. 279). Values include expertise, process, mediation and dialogue, equality, participatory management, personal communication, and feeling.

The Boom Generation (born 1943-1960)

From the end of World War II, "whatever age bracket Boomers have occupied has been the cultural and spiritual focal point for American society as a whole" (Strauss & Howe, 1991, p. 301). Boomers have power because of their numbers, bringing with them a public and dramatic rejection of what the GI generation worked to achieve, and exuding a "mixture of high self-esteem and selective self-indulgence" (Strauss & Howe, 1991, p. 303). Events that shaped this generation were the launch of Sputnik and the resultant emphasis on science education, the Vietnam War, the Apollo moon landing, Woodstock, the Kent State and Jackson State massacres, and Watergate. Values include self-awareness and understanding, critical thinking, individual effort and achievement, variety, mobility, inner-directedness, and social redemption.

The 13th Generation (born 1961-1981)

Also known as Generation X, the 13th generation was born when the principles of child-rearing prioritized considering self over children (Howe & Strauss, 1993). Demographics reveal this generation to be the most aborted and abandoned in history, with the highest number in history living with parental divorce, single-parent homes, blended families, and working mothers in latchkey situations (Howe & Strauss, 1993). This generation is also less likely to be able to purchase a home, and more likely to experience violent crime, to be incarcerated, to live in poverty, and to commit suicide (Howe & Strauss, 1993). Events that shaped the collective value system include Three Mile Island, the Challenger shuttle disaster, and the hostages in Iran—all examples of the fallibility of U.S. (and adult) technology, power, and influence (Howe & Strauss, 1993). Their values are honesty, realism, savvy, pragmatism, and independence (Levine & Cureton, 1998; Loeb, 1994).

The Millennial Generation (born 1982-2004 approximately)

The Millennial generation is expected to be a generation much like the GI generation: wanted, dedicated to collective problem solving, builders of new institutions (Strauss & Howe, 1991). The arrival of the millennium signals renewed social commitment to education, child labor reform, and the nation's youth of color. Again, popular culture has played a part in the perception of the Millennial youth; films like *Three Men and a Baby* reflect shifting parenting styles and an increase in full-time parenting, paternity leave, and an interest in infertility treatments and vasectomy reversals. Protecting children from violent crime, domestic violence, sexual predation, and custody battles has been on the public agenda and in the media. Only time will tell which values will emerge from public events such as the wars in the Balkans, the Clinton-Lewinsky scandal, and the Columbine High School shootings.

Implications for Counseling

Several implications for counseling and the counseling relationship can be derived from these broad-scale descriptions of generational cohorts. First, counselors can use this information to locate themselves in the generational matrix. Using the values as presented, counselors can enhance their self-exploration, values awareness, and sensitivity.

Second, counselors can generate hypotheses about the values systems of clients. As previously mentioned, variations in values result from a host of diversity markers, so the use of generational cohorts alone to predict values would be stereotyping and clearly not conducive to building healthy counseling rapport. Testable hypotheses can be developed using an understanding of generational cohorts to identify possible values clusters of clients. Just as multicultural counseling strategies have evolved over the years, generational cohort counseling strategies will evolve.

These possible values clusters can be translated into communication styles and counseling implications. Communication with the client can be enhanced by communicating in the client's values language, and counseling implications can be extrapolated from insight into the ways someone from that cohort would perceive his/her life problems or the activity of counseling itself. For example, counselors might consider using technology or cutting-edge strategies with members of the 13th generation. Table 1 includes some suggestions for counseling with each generation group.

Table 1

Generational Values and Their Implications for Counseling

Generation	Values	Counseling implications
GI	Teamwork, collective energy, authority, building, optimism.	Emphasize partnering with client. Use active language and interventions. Encourage awareness of internal processes. Encourage internal locus of control. Consider group experiences. Be aware of authority issues.
Silent	Expertise, process, dialogue, equality, participation, personal communication, feelings.	Use feeling language. Emphasize internal locus of control. Consider group experiences. Provide reasons for interventions. Allow client to process own problem solving.
Boomer	Self-awareness, critical thinking, individual achievement, variety, mobility.	Use individual language. Give support and feedback about progress. Use feeling language. Use a variety of interventions. Encourage team-oriented problem solving. Be aware of resistance to groups. Emphasize client insight.
13th	Honesty, pragmatism, independence, self-reliance.	Use individual language. Be honest. Use a variety of approaches. Emphasize autonomy of client. Be aware of resistance to groups. Encourage awareness, appreciation of positive attributes. Encourage less criticism of others. Consider using technology, novel approaches. Encourage patience with the counseling process.
Millennial	Expected to be similar to GI generation.	See GI generation.

Counseling experience validates the use of generations theory. Using generational value systems and addressing the shared experiences, cultural metaphors, and common attitudes of the client's generational cohort have enabled the authors to establish rapport, enhance trust, increase perceived similarity, and increase perceived expertness more rapidly, as suggested by Strong (1968). Especially useful in counseling is sensitivity to cultural metaphors—characters from books, sports, movies, politics, or public events—that have special meaning for a generational cohort. For example, Rosie the Riveter has meaning for the GI and Silent generations, as she represented women in the workforce who contributed to the country's defense industry during World War II. The values of each generation, those "representations of needs" and "standards of behavior" (Brown & Crace, 1996, p. 212) by which people assess their lives, are the essential language of rapport.

Implications for Future Research

Generations theory will become more useful as research is conducted. While generations theory has face validity, and while counseling implications have suggested confidence in its usefulness, its common sense appeal does not substitute for empirical validation. The authors are currently involved in developing an instrument to conduct studies of these concepts in more depth. With an adequate instrument, correlational studies could be conducted to explore the relationship between generational cohorts

and counseling processes and outcomes. Studies could then be conducted to ascertain if generational cohort values cross ethnic boundaries, gender differences, and other diversity markers. Generations theory might become as valuable to counselors as multicultural theory.

Also interesting is the observation that the values of counseling resonate with the values of the Silent and Boomer generations (Christopher, 1996). Since counselor educators tend to teach from their value systems, and since many of the counselor educators from the Silent generation are near retirement, future studies could explore how counseling will be taught by Boomer and 13th-er counselor educators. Longitudinal research could examine how Silent, Boomer, and 13th-er generations counsel with clients from Millennial and subsequent generational cohorts.

As Boomer/13th-er and 13th-er, the authors recognize that this article was motivated by a value system that prizes challenging the status quo. Each professional needs to be aware of his/her own values and avoid imposing them on clients (ACA, 1996). The challenge is clear: Counselors must be willing to examine values in order to remain ethical and effective in practice and teaching, and then should engage in dialogue about those values. Generations theory is a vehicle to facilitate examination and dialogue.

References

American Counseling Association. (1996). *Code of ethics.* Alexandria, VA: Author.

Bejian, D. V., & Salomone, P. R. (1995). Understanding midlife career renewal: Implications for counseling. *Career Development Quarterly, 44,* 52-63.

Beutler, L. E., & Bergan, J. (1991). Value change in counseling and psychotherapy: A search for scientific credibility. *Journal of Counseling Psychology, 38*(1), 16-24.

Brown, D., & Crace, R. K. (1996). Values in life role choices and outcomes: A conceptual model. *Career Development Quarterly, 44,* 211-223.

Christopher, J. C. (1996). Counseling's inescapable moral visions. *Journal of Counseling and Development, 75,* 17-25.

Erikson, E. H. (1963). *Childhood and society* (2nd ed.). New York: Norton.

Freud, S. (1949). *An outline of psychoanalysis.* New York: Norton.

Haxton, R. (1997). [Generational cohort exploratory study]. Unpublished raw data.

Hayslip, B., Jr., Scheider, L. J., & Bryant, K. (1989). Older women's perception of female counselors: The influence of therapist age and problem intimacy. *The Gerontologist, 29,* 239-244.

Herman, W. E. (1997). Values acquisition: Some critical distinctions and implications. *Journal of Humanistic Education and Development, 35,* 146-155.

Howe, N., & Strauss, W. (1993). *13th gen: Abort, retry, ignore, fail?* New York: Vintage.

Kelly, T. A., & Strupp, H. H. (1992). Patient and therapist values in psychotherapy: Perceived changes, assimilation, similarity, and outcome. *Journal of Consulting and Clinical Psychology, 1,* 34-40.

Lebo, R. B., Harrington, T. F., & Tillman, R. (1995). Work values similarities among students from six countries. *Career Development Quarterly, 43,* 350-362.

Levine, A. (1980). *When dreams and heroes died: A portrait of today's college student.* San Francisco: Jossey-Bass.

Levine, A., & Cureton, J. S. (1998). *When hope and fear collide: A portrait of today's college student.* San Francisco: Jossey-Bass.

Loeb, P. R. (1994). *Generation at the crossroads: Apathy and action on the American campus.* New Brunswick, NJ: Rutgers University.

Myers, J. E., Loesch, L. D., & Sweeney, T. J. (1991). Trends in gerontological counselor preparation. *Counselor Education and Supervision, 30,* 194-204.

Newman, B. K. (1995). Career change for those over 40: Critical issues and insights. *Career Development Quarterly, 44,* 64-66.

Sheehy, G. (1984). *Passages.* New York: Bantam.

Sheehy, G. (1995). *The new passages.* New York: Random House.

Simon, J., & Osipow, S. H. (1996). Continuity of career: The vocational script in counseling older workers. *Career Development Quarterly, 45,* 152-162.

Strauss, W., & Howe, N. (1991). *Generations: The history of America's future, 1584 to 2069.* New York: Wm. Morrow.

Strong, S. (1968). Counseling: An interpersonal influence process. *Journal of Counseling Psychology, 15,* 215-224.

Thomas, M. B. (1992). *An introduction to marital and family therapy: Counseling toward healthier family systems across the lifespan.* New York: Merrill.

Westgate, C. E. (1996). Spiritual wellness and depression. *Journal of Counseling and Development, 75,* 26-35.

"For success in writing,
follow
publishers' and editors'
suggestions
and guidelines."

—Bea Wehrly

• • •

"A Blueprint for Writing Success"
Eighth Annual CACD Writer's Workshop
CACD Annual Convention
February 14, 1998
Los Angeles

Critical Analysis of Social Skills Training

B. Grant Hayes

Social skills training offers individuals more effective ways of behaving in specific interpersonal situations. Literature and research have indicated that social skills training is an effective method for enhancing competent and appropriate social behaviors. Although this approach is increasing in popularity among practitioners, some educators foresee problems critically related to the process. Benefits and limitations of social skills training and its components are identified and discussed.

Social skills training offers individuals more effective ways of behaving in specific interpersonal situations, and, thus, helps to prevent problems and to empower individuals. Spence (1981) characterized social skills "as those responses that elicit reinforcing consequences from a given social interaction, in a manner that is socially acceptable and does no harm to others" (pp. 159-60). Gambrill and Richey (1983) stated that "social skills training is a competency-based approach to social interaction in contrast to a deficiency-based approach" (p. 51). Social skills training is effective in increasing social behaviors in particular situations (Enns, 1992; Gambrill, 1985; Hersen & Bellack, 1976; Tanner & Holliman, 1988) by enhancing observational, performance, and cognitive skills (Gambrill, 1984).

The purpose of this article is to describe the social skills training process, as well as to identify its advantages and limitations. Although social skills training is increasing in popularity and is suited for a range of populations, such as women, men, couples, children, adolescents, physically challenged persons, psychiatric patients, and parents, the approach is not without problems and concerns (Gambrill, 1984; Young, 1998) related to definition, identity, and usefulness (L'Abate & Milan, 1985).

Process of Social Skills Training

Assertiveness training has played a significant role in the social skills movement. According to Young (1998), "the term 'assertiveness training' has been replaced with social-skills training" (p. 189). Gambrill (1984) stated that "the term assertion training is used either to refer to training in specific kinds of social behaviors, such as refusing unwanted requests, or synonymous with social skills training to embrace all social behaviors" (p. 105). Alberti and Emmons (1970) concluded that "assertive behavior enables a person to act in his or her own best interests, to stand up for herself or himself without undue anxiety, to express honest feelings comfortably, or to exercise personal rights without denying the rights of others" (p. 3). In addition, Alberti and Emmons (1970) found three significant barriers to self-assertion:

1. Many people do not believe that they have the right to be assertive.
2. Many people are highly anxious or fearful about being assertive.
3. Many people lack the social skills for effective self-expression. (p. 2)

Assertiveness training is designed to increase competence in social interactions and may be carried out either individually or in group meetings. According to Gambrill (1995a), "research to date indicates that assertion training is effective in relation to a

B. Grant Hayes, Assistant Professor, Counselor Education, Educational Services Department, College of Education, University of Central Florida, Orlando.

wide variety of outcomes, including enhancing self-esteem, as well as in increasing positive consequences in real-life settings" (p. 111). Research also indicates that individuals who learn to make assertive responses reduce anxiety when interacting with others (Enns, 1992). Alberti and Emmons (1970) stated that "every individual is equal and has the same fundamental human rights as the other person in a relationship, regardless of roles and titles" (p. 3). Assertiveness training is seen as an effective approach to increasing competent behaviors (Enns, 1992; Gambrill, 1985; Hersen & Bellack, 1976; Tanner & Holliman, 1988).

Social skills training is seen as an approach to enhance interpersonal effectiveness and comfort levels in social situations. Social skills training consists of a variety of components, including instruction, model presentation, behavior rehearsal, feedback, and homework assignments. Much attention has been given to each of these components (Gambrill, 1995b).

Components of Social Skills Training

Instruction

During instruction or guidance, general rules concerning appropriate behavior are provided. Also, aspects of effective behavior are discussed (Rakos, 1991), and related skills are explicitly taught (Marion, 1999). Gambrill (1984) stated that "each skill to be learned, including the exact verbal and nonverbal behaviors that constitute the skill as well as situations in which the skill can be used to attain certain outcomes, should be described" (p. 114). Instruction encourages individuals to engage in certain behaviors. It provides individuals with the opportunity to identify specific behaviors and their relationship to desired goals (Gambrill, 1984). Instruction can be delivered verbally or presented in textual, audiotape, or film form. No more than one or two behaviors should be taught during a single session. According to Rakos (1991), "instructions should be presented as flexible guidelines rather than as absolute directives" (p. 126).

Model Presentation

Modeling is a powerful instructional component used in assertiveness training. According to Marion (1999), " much human behavior is learned simply by watching someone else perform the behavior" (p. 61). This technique provides individuals with the opportunity to see verbal and nonverbal assertive behaviors demonstrated (Young, 1998). Modeling procedures provide permission for the individual to engage in assertive behaviors and to reinforce existing assertive skills (Lange & Jakubowski, 1980). Gambrill (1984) stated that "the advantage of model presentation is that an entire chain of behavior can be demonstrated and the person asked to imitate it" (p. 115). Modeling is more effective if individuals have the opportunity to practice, identify important components, and associate general rules with the observed behaviors. Individuals are better able to identify with models of the same age, sex, and status (Gambrill, 1984).

Behavior Rehearsal

Behavior rehearsal in assertion involves the role playing of an experience (Young, 1998) or anticipated situation in the individual's life. According to Gambrill (1984), behavior rehearsal "provides an opportunity to practice new behaviors in a safe environment. It allows others present, such as a counselor or other group members, to observe behavior, noting appropriate nonverbal or verbal components and those that still require some work" (p. 116). Covert rehearsing, a process in which an individual imagines himself dealing with a social situation, is also a very helpful technique (Gambrill, 1984).

Feedback

Feedback is critical to learning (Marion, 1999) and should be offered after each rehearsal (Young, 1998). It should focus primarily on specific positive aspects of the individual's performance. Clear instructions regarding specific behaviors should be given. Gambrill (1984) stated that "it is more helpful to point out the lack of eye contact and lack of 'I' statements than to tell a person she was 'evasive' or 'hostile'" (p. 117). An individual's performance should not be compared to another's performance but to the individual's past performances.

Homework Assignments

Homework assignments have been found to contribute to the maintenance and generalization of assertion (Gambrill, 1984). According to Colter and Guerra (1976), homework assignments increase the probability that the newly acquired skills will be used successfully outside of the group. This enables the individual to adapt to different unexpected assertive situations in the future. Homework assignments are an important component of assertiveness training. They provide individuals with the opportunity to try out newly developed skills and behaviors in real-life situations (Gambrill, 1984; Young, 1998). Colter and Guerra (1976) stated that "if the homework assignments are timed properly and geared to the individual's ability level, they can provide observable and successful experiences in functioning assertively" (p.179).

Benefits of Social Skills Training

Social skills training has proven to be effective in increasing competent behavior (Enns, 1996; Gambrill, 1985; Hersen & Bellack, 1976; Tanner & Holliman, 1988). By having (a) clear description of methods, (b) ongoing evaluation of progress, (c) a systematic approach to desired outcomes, and (d) cost effectiveness, social skills training programs can be beneficial for a variety of people (Gambrill, 1984).

First, social skills training programs provide individuals with training that is tailored to their unique skills. In order to enhance comfort with the new skills, individuals are provided opportunities to engage in repeated practice followed by positive feedback (Gambrill & Paquin, 1992). Behavior rehearsal allows the individual to practice new skills in a safe environment, while giving other group members an opportunity to observe effective and ineffective behaviors exhibited by the practicing individual (Gambrill, 1984).

Second, social skills training recognizes the importance of ongoing evaluation of progress. According to Gambrill and Stein (1985), evaluation of progress allows individuals the time to alter or change plans. They stated, "Skills required to evaluate progress include identifying clear objectives and discovering and using feasible, sensitive progress indicators that are credible and meaningful to involved participants" (p. 185). This process allows individuals to see the importance of being able to recognize how ongoing feedback can be used to make informed decisions. Variables, such as offering effective practice and selecting appropriate intervention procedures, must be established (Gambrill & Stein, 1985). Clear, relevant objectives and progress indicators must be addressed in order to enhance and maintain the developed skills. Gambrill and Richey (1983) stated that "clients have a right to know whether they are achieving their goals or not. This right can be truly offered if goals are clear and progress indicators are selected by the client" (p. 59). To assess the degree of progress and to take the appropriate next steps, progress indicators should be selected early and monitored throughout the training program (Gambrill & Richey, 1983).

Third, social skills training programs have given much consideration to problems associated with transfer, maintenance, and generalization of new skills. According to Gambrill (1985), it is critical that individuals are able to generalize and display the developed appropriate behaviors in relevant situations. There must also be awareness that skills developed in one situation may not necessarily be used in others.

To enhance the likelihood of continued use of new skills, social skills training programs include homework assignments. Once the new skills are developed, behaviors are tried out in real-life settings (Gambrill, 1984; Young, 1998). Gambrill and Richey (1985) stated that "attention to inappropriate behavioral components will increase the likelihood that clients will experience success when carrying out homework assignments in real-life settings" (p. 61).

In social skills training programs, therapeutic accomplishments made in one setting should transfer to other appropriate settings. L'Abate and Milan (1985) stated that "to ensure these aspects of generalization, skills trainers typically train to a predetermined, stringent criterion, include 'homework' assignments in their curriculum, monitor in vivo efforts, and the like, rather than assume that the 'individual has changed' and that the effects of these changes are transitional and permanent" (p. 8). Self-monitoring, in which the individual notes behaviors, thoughts, or feelings in certain situations, aids in maintenance and assessment of progress (Gambrill, 1984).

Finally, the social skills training approach is cost effective. In many situations, service to individuals is provided by paraprofessionals under appropriate supervision. Trainers with less experience than the program developer conduct most of the training. Unlike the psychodynamic therapies, where the therapists take the responsibility for treatment, the majority of the responsibility for the change is on the social skills program itself (L'Abate & Milan, 1985). According to L'Abate and Milan (1985), "therapists usually cannot be monitored; programs, instead, can be debugged, corrected, and refined" (p. 8). Social skills training is usually conducted in group settings, which reduces cost and provides individuals with opportunities to practice and observe new skills in a situation that is similar to the real-life context.

Limitations of Social Skills Training

Like other therapeutic interventions and approaches, social skills training is not without limitations, problems, and concerns. First, according to L'Abate and Milan (1985), social skills training initially appears deceptively simple; therefore, many practitioners rush to deploy skills training as an intervention modality in its own right. These practitioners neglect to devote the necessary elements, such as care in the development of skills training programs, to ensure effectiveness.

Second, paraprofessionals deliver a majority of the training, which has been considered a desirable attribute of social skills training. The paraprofessionals, with less experience and expertise than the program's developer, often determine the content of specific social skills training. Since identification of skills to be taught is a major and significant component of social skills training, not to mention a time-consuming and detailed process, extensive professional expertise is needed. Many paraprofessionals lack the knowledge; nevertheless, they are called upon to make professional judgments when deciding what to teach (L'Abate & Milan, 1985).

Third, L'Abate & Milan (1985) stated that social skills training "recognizes the gradual, stepwise, linear progression of topics that may go from the simple issue of reinforcement identification or basic response definition to the more complex chaining of responses or

systemic transaction" (p. 7). Like L'Abate & Milan, Bagarozzi (1985) noted that many social skills training programs are based on a linear view of human behavior, where skills are taught, then acquired by the trainees, and finally practiced in a therapeutic setting similar to a real-life context. Bagarozzi (1985) pointed out that this method may be appealing, but that "it fails to take into consideration the fact that the learning process is not linear; is interactive and dynamic" (p. 616). In addition, Bagarozzi (1985) stated that "in the future, social skills trainers and researchers will have to give serious thought to planning programs that adequately deal with the client x situations and context x goals x trainer x method match problems" (pp. 616-617).

Summary

Social skills training is seen as an effective approach to increasing competent behaviors (Enns, 1996; Gambrill, 1985; Hersen & Bellack, 1976; Tanner & Holliman, 1988). Much attention and thought have been given to the components of such training (Gambrill, 1984). According to Bagarozzi (1985), "The extent to which the social skills training movement becomes an accepted and legitimate intervention strategy will depend, to a large degree, upon whether social skills training advocates can change some basic perceptions and prejudices of the general public as well as those of other mental health professionals" (p. 610). For individuals to be more likely to participate in social skills training programs, they must be able to perceive that what they may gain from their involvement and participation will help them accomplish personally meaningful goals.

Social skills training programs, which have been created and developed for a wide range of populations and situations, are seen as effective approaches through which one can attain skills and develop beneficial social behaviors. Although this approach has limitations and problems, research indicates that social skills training is effective in its aim to offer people more effective ways of behaving in specific interpersonal situations (Enns, 1992; Hersen & Bellack, 1976; Tanner & Holliman, 1988).

According to Bagarozzi (1985), "particularly exciting about the social skills movement is the promise it holds for reaching larger groups of consumers and persons not usually seen by psychotherapists (e.g., the elderly, economically disadvantaged as well as some ethnic and racial minorities)" (p. 608).

References

Alberti, R. E., & Emmons, M. L. (1970). *Your perfect right.* San Luis Obispo, CA: Impact.

Bagarozzi, D. (1985). Implications of social skills training for social and interpersonal competence. In L. L'Abate & M. A. Milan (Eds.), *Handbook of social skills training and research* (pp. 604-617). Monterey, CA: Brooks/Cole.

Colter, S. B., & Guerra, J. J. (1976). *Assertion training.* Champaign, IL: Research Press.

Enns, C. Z. (1992). Self-esteem groups: A synthesis of consciousness-raising and assertiveness training. *Journal of Counseling and Development, 71,* 7-13.

Gambrill, E. (1984). Social skills training. In D. Larson (Ed.), *Teaching psychological skills* (pp. 104-129). Monterey, CA: Brooks/Cole.

Gambrill, E. D. (1985). Arranging effective training. *Children and Youth Services Review, 7,* 225-242.

Gambrill, E. D. (1995a). Assertion skills training. In W. O'Donohue & L. Krasner (Eds.), *Handbook of psychological skills training* (pp. 81-118). Needham Heights, MA: Allyn and Bacon.

Gambrill, E. D. (1995b). Helping shy, socially anxious, and lonely adults: A skill based contextual approach. In W. O'Donohue & L. Krasner (Eds.), *Handbook of psychological skills training* (pp. 247-286). Needham Heights: Allyn and Bacon.

Gambrill, E., & Paquin, G. (1992). Neighbors: A neglected resource. *Children and Youth Services Review, 14,* 253-272.

Gambrill, E., & Richey, C. A. (1983). Gender issues related to group social skills training. *Social Work with Groups, 6,* 51-65.

Gambrill, E. D., & Stein, T. J. (1985). Working with biological parents: An important procedural ingredient. *Children and Youth Services Review, 7,* 173-189.

Hersen, M., & Bellack, A. S. (1976). A multiple baseline analysis of social-skills training in chronic schizophrenics. *Journal of Applied Behavior Analysis, 9,* 239-246.

L'Abate, L., & Milan, M. A. (Eds.). (1985). *Handbook of social skills training and research.* New York: John Wiley.

Lange, A. J., & Jakubowski, P. (1980). *Responsible assertive behavior.* Champaign: Research Press.

Marion, M. (1999). *Guidance of young children* (5th ed.). Upper Saddle River, NJ: Prentice Hall.

Rakos, R. F. (1991). *Assertive behavior: Theory, research, and practice.* London: Routledge.

Spence, S. H. (1981). Validation of social skills of adolescent males in an interview conversation with a previously unknown adult. *Journal of Applied Behavior Analysis, 14,* 159-168.

Tanner, V. L., & Holliman, W. B. (1988). Effectiveness of assertiveness training in modifying aggressive behaviors in young children. *Psychological Reports, 62,* 39-46.

Young, M. E. (1998). *Learning the art of helping.* Upper Saddle River, NJ: Prentice Hall.

Meeting the Needs of College Student Athletes: Implications for Counselors

Trey Fitch and Chester Robinson

Student athletes face many stressors, among them, academic deficiencies, violence and legal concerns, negative perceptions, and increased psychological distress. College counselors need to become aware and knowledgeable of these stressors in order to provide effective programs and services. Minority athletes, athletes in high-revenue sports, and female student athletes experience some unique difficulties.

Many authors have recognized the special issues regarding college student athletes (e.g., Chartrand & Lent, 1987; Danish, Petitpas, & Hale, 1993; Ferrante & Etzel, 1991; Howard, 1993; Parham, 1993). Time management, psychological distress, and lack of academic skills have been listed as some of these. Counselors appear to be gaining awareness of the particular concerns for the student athlete and the subsequent effects on development.

Student Athlete Concerns

The social, emotional, and intellectual concerns of student athletes are key dimensions related to academic and psychosocial development. The significance of these factors in counseling student athletes has been displayed through the attention given to student athletes recently in the psychology and counseling professions. Sports psychology continues to develop as an emerging trend in counseling psychology (Petrie, Diehl, & Watkins, 1993).

Subpopulations of Student Athletes

Many programs have provided interventions to student athletes. However, few inquiries into the concerns of student athletes have accounted for the differences among the subpopulations of college athletes (Sellers, 1992). Consequently, a need exists for more information on the unique needs of these groups.

Several authors have studied the differences of groups of student athletes (e.g., Engstrom, Sedlacek, & McEwen, 1995; Petrie & Russell, 1995; Skowron & Freidlander, 1994). Petrie and Russell (1995) investigated concerns of minority student athletes. Petrie and Russell and Engstrom et al. examined differences between student athletes from revenue versus nonrevenue sports. Finally, the issues of female student athletes have been explored (Skowron & Freidlander, 1994). Knowing the differences of subpopulations helps program developers to meet the unique needs of all student athletes. An overview of some of the concerns of these three subpopulations follows.

Minority Student Athlete Concerns

Academic deficiencies. Minority student athletes scored lower on ACT and SAT tests in comparison to Caucasian athletes (Sellers, 1992). Sellers reported that many minority student athletes enter college less prepared and face academic hurdles, although they spend as much time studying as nonminority athletes. Accordingly, developmental programs for this subpopulation contain elements related to academic competence (Brown & Rivas, 1992).

Trey Fitch, Assistant Professor, Department of Leadership and Secondary Education, Morehead State University, Morehead, Kentucky; Chester Robinson, Assistant Professor, Department of Counseling, Texas A&M University-Commerce.

Psychological distress. Elevated stress levels have also been suggested to occur with some minority student athletes. Smallman, Sowa, and Young (1991) examined stress experienced by minority student athletes. The Psychological Stress Inventory, which examines depression and anxiety in college students, was administered to a cross-section of student athletes of different ethnicities. African American athletes reported that they experienced more distress than Caucasian athletes after a stressful event. Smallman et al. stated this could be attributed to the additional stress of cultural adjustment and perceived isolation.

Isolation. The feeling of isolation has been a frequently cited problem for minority student athletes in predominantly White universities. African American students in higher education are often seen as a homogeneous group (Brown, 1994). Negative expectations placed on this group may impair student connections with faculty and social contacts with majority groups. He suggested characterizing students based on factors beyond ethnicity, and enhancing cross-cultural contact through interactive programming.

Stikes (1984) reaffirmed the need for better cross-cultural experiences. Types of interactional styles between cultures differ, and this enhanced contact would improve understanding. The formal style of many White professors can be interpreted as cold or distant by minority students (Stikes, 1984). Additionally, gross minority underrepresentation in higher education faculty was listed as a concern (Astin, 1982).

Athletes in High Revenue Sports

Minority student athletes represent a high percentage of athletes in the high revenue sports of football and basketball. Sellers (1992) explored the issues of high revenue athletes and found recruitment, academic performance, and personal conduct as the three major challenges. The stress of pervasive public attention along with the pressures to win created a particularly anxiety-provoking situation. Differences in the backgrounds of student athletes in high revenue and nonrevenue generating sports may account for academic and psychosocial differences (Sellers, 1992).

Astin (1993) examined retention as a key dependent variable in his Involvement Theory. Interestingly, overall student athletes have mildly higher retention rates when compared with nonathletes (National Collegiate Athletic Association [NCAA], 1997). This fact supports Astin's emphasis on involvement as a positive indicator of retention. For the freshman entering class of 1990, 58% of the student athletes graduated, while 56% of the general student body graduated. More important to coaches and counselors, though, are the differences between subpopulations. For example, Black male student athletes, who represent most athletes in high revenue sports, graduated at 43%, while White male student athletes graduated at 57%. The support services needs and developmental concerns may differ between these populations.

Female Student Athletes

Most theories on human development have neglected to account for the differences between men and women (Gilligan, 1982). Gilligan declared that Erikson's (1968) ideas of separation and autonomy represented male development and ignored the importance of connectedness in relationships for women. Consequently, few theories have included a framework for understanding females in higher education, or female student athletes.

Gender differences have been reported in several areas related to college student development. For example, Betz and Hackett (1981) discovered female college students reported significant differences in career self-efficacy with traditional and nontraditional occupations when compared to males. This difference may have implications

for student development since career exploration has been identified as a major theme in identity development (Chickering & Reisser, 1993). If these differences exist, programs for career counseling with female student athletes need to address them.

Gender differences in development can be viewed in other issues faced by female student athletes. Caldwell (1993) contended that female athletes were considered an at-risk group for developing eating disorders because of pressures from coaches to mediate body mass. However, Caldwell warned that research has not yet validated the fact that female student athletes were more likely to develop eating disorders than nonathletes. Cohun (1993) stated media reflect a poor image of female student athletes, and remanded the use of sexist language by many sports commentators. The low coverage of women's sports in magazines and television has promoted a demeaning image of women athletes (Cohun, 1993). Finally, Griffin (1993) characterized the image of women in sport as degrading and prejudicial.

Gender-specific patterns of stress may be evident in female student athletes. Smallman et al. (1991) found that gender did not influence the perception of stressful life events before they occur. However, once a stressful life event occurred, female student athletes reported significantly higher levels of distress. Significantly higher levels of competitive trait anxiety for female student athletes were also found.

Implications for Counseling Student Athletes

The implications of these concerns for counseling student athletes can be outlined under affective, behavioral, and cognitive categories. These categories are viewed as interrelated and mutually dependent.

Affective Implications

Since managing emotions is a major developmental task for college-aged people (Chickering & Reisser, 1993), the emotional stressors that student athletes face can be a impediment to growth. Minority student athletes and athletes in high revenue sports reported greater amounts of stress after distressing events (Smallman et al., 1991) when compared to Caucasian athletes and athletes in nonrevenue producing sports. Educational seminars and group counseling sessions have been proposed as possible interventions for student athletes (Fitch & Robinson, 1998). Some topics these seminars could include are stress management, coping skills training, and relaxation training.

Behavioral Implications

Athletes in high revenue sports, including men's basketball and football, which contain a high percentage of minority athletes, appear to show the greatest behavioral difficulties (Hubboch & Clarke, 1997). They were more likely to engage in criminal or violent acts when compared to the general student population at several universities examined. These athletes may benefit from directive, action-oriented approaches. They may also need more proactive interventions to address the intensity of their concerns.

Cognitive Implications

Female student athletes appear to have fewer cognitive, or academic, concerns than male student athletes, as shown through their higher retention rates (NCAA, 1997). However, minority athletes, especially in high revenue sports, face many academic challenges. Their retention rate is significantly lower (NCAA, 1997) than the general student population and they are more prone to academic probation. Consequently, tutoring programs, study skills training, and developmental programs may be beneficial to these subpopulations. It is important to recognize the interrelatedness among

these three categories. Cognitive-oriented interventions are not as effective if significant affective stressors are present.

Summary

In summary, counselors and others attempt to identify at-risk populations. Student athletes have been identified as a special population with unique developmental challenges. Identifying their developmental challenges in light of Chickering and Reisser's (1993) theory is an important task of counselors in college settings.

Student athletes face a myriad of developmental impediments above those of traditional college students. These obstacles include time management difficulties, negative perceptions, and academic deficiencies. Subpopulations of student athletes, including female and minority student athletes, endure unique developmental obstacles. Matching the approach used with the needs of the subpopulation is a primary objective for those who work with student athletes.

References

Astin, A. W. (1982). *Minorities in higher education.* San Francisco: Jossey-Bass.

Astin, A. (1993). *What matters in college? Four critical years revisited.* San Francisco: Jossey-Bass.

Betz, N. E., & Hackett, G. (1981). The relationship of career self-efficacy expectations to perceived career options in college women and men. *Journal of Counseling Psychology, 28,* 399-410.

Brown, O. G. (1994). *Debunking the myth.* Bloomington, IN: Phi Delta Kappa Education Foundation.

Brown, T., & Rivas, M. (1992). Advising multicultural populations for achievement and success. *New Directions for Community Colleges, 21*(2), 83-96.

Caldwell, M. (1993). Eating disorders and related behavior among athletes. In G. L. Cohun (Ed.), *Women in sport: Issues and controversies* (pp. 158-170). Newbury Park, CA: Sage.

Chartrand, J. M., & Lent, R. W. (1987). Sports counseling: Enhancing the development of the athlete. *Journal of Counseling and Development, 66,* 164-67.

Chickering, A. W., & Reisser, L. (1993). *Education and identity.* San Francisco: Jossey-Bass.

Cohun, G. L. (1993). Media portrayal of the female athlete. In G. L. Cohun (Ed.), *Women in sport: Issues and controversies* (pp. 171-184). Newbury Park, CA: Sage.

Danish, S. J., Petitpas, A. J., & Hale, B. D. (1993). Life development intervention for athletes: Life skills through sports. *Counseling Psychologist, 21,* 352-85.

Engstrom, C. M., Sedlacek, W. E., & McEwen, M. K. (1995). Faculty attitudes toward male revenue and nonrevenue student-athletes. *Journal of College Student Development, 36,* 217-27.

Erikson, E. H. (1968). *Identity: Youth and crisis.* New York: Norton.

Ferrante, A.P., & Etzel, E. F. (1991). Counseling college student-athletes: The problem, the need. In E. F. Etzel, A.P. Ferrante, & J. W. Pinkney (Eds.), *Counseling college student-athletes: Issues and interventions* (pp. 3-5). Morgantown, WV: Fitness Information Technology.

Fitch, T. J., & Robinson, C. R. (1998). Counseling and developmental interventions with college athletes: A proposed model. *Journal of College Student Development, 39,* 623-27.

Gilligan, C. (1982). *In a different voice.* Cambridge, MA: Harvard University Press.

Griffin, P. (1993). Homophobia in women's sports. In G. L. Cohun (Ed.), *Women in sport: Issues and controversies* (pp. 193-203). Newbury Park, CA: Sage.

Howard, G. S. (1993). Sports counseling: An emerging domain for counseling psychologists. *Counseling Psychologist, 23,* 349-51.

Hubboch, B., & Clarke, L. (1997, November 15). Out of Bounds. *The Dallas Morning News,* p. B24.

National Collegiate Athletic Association. (1997). *Retention rates* [On-line]. Available: www.ncas.org

Parham, W. D. (1993). The intercollegiate athlete: A 1990s profile. *Counseling Psychologist, 21,* 411-429.

Petrie, T. A., Diehl, N. S., & Watkins, C. E. (1993). Sports psychology: An emerging specialty in the counseling psychology profession. *Counseling Psychologist, 21,* 535-45.

Petrie, T. A., & Russell, R. K. (1995). Academic and psychosocial antecedents of academic performance for minority football players. *Journal of Counseling and Development, 73,* 615-619.

Sellers, R. M. (1992). Racial differences in the predictors for academic achievement of student-athletes in Division I revenue producing sports. *Sociology of Sport Journal, 9,* 48-59.

Skowron, E. A., & Freidlander, M. L. (1994). Psychological separation, self control, and weight preoccupation among elite women athletes. *Journal of Counseling and Development, 72,* 310-315.

Smallman, E., Sowa, C. J., & Young, B. D. (1991). Ethnic and gender differences in student-athletes' responses to stressful life events. *Journal of College Student Development, 32,* 230-235.

Stikes, E. S. (1984). *Black students in higher education.* Carbondale, IL: Southern Illinois University Press.

"Writing is important professionally,
but
without good time management
we won't do it."

—Joan Blacher

• • •

"A Blueprint for Writing Success"
Eighth Annual CACD Writer's Workshop
CACD Annual Convention
February 14, 1998
Los Angeles

Feature...

Building the Counseling Profession...

"Building the Counseling Profession" highlights significant events and offerings in the history and the development of the counseling profession in California.

The California Association for Multicultural Counseling (CAMC): History and Development

Mary Ellen Davis

The history and the development of the California Association for Multicultural Counseling (CAMC), a division of the California Association for Counseling and Development (CACD), are presented, with information about organizational goals, objectives, and activities. CAMC was chartered as the California Association for Non-White Concerns (CANWC) in 1982.

The history of the California Association for Multicultural Counseling (CAMC), a division of the California Association for Counseling and Development (CACD), would be incomplete without the history of its predecessors—the Association for Non-White Concerns (ANWC) and the California Association for Non-White Concerns (CANWC). ANWC became a division of the American Personnel and Guidance Association (APGA), now the American Counseling Association (ACA), in 1972. CANWC became a state division of ANWC in 1981, and a division of the California Personnel and Guidance Association (CPGA), now CACD, in 1982.

The Beginnings of ANWC

The first formal action toward the development of ANWC occurred in 1969 at the APGA convention in Las Vegas, when the Non-White Concerns Caucus requested the APGA governing body to establish an APGA office of non-white concerns. The following January, an executive assistant was appointed to lead the APGA Office of Non-White Concerns. Several recommendations to change the name of the office to Human Rights and Opportunities were rejected by the Non-White Concerns Caucus. Discussions at subsequent conventions and regional meetings led to resolutions related to non-white concerns, ideas from which crystallized the need for a division. Following three plenary meetings at the APGA convention in May 1970 in Atlantic City, New Jersey, specific directions were given to move ahead with the development of a division.

In December 1971, following a meeting with the executive for the APGA Office of Non-White Concerns, the group suggested holding a workshop to proceed with the formation of a division. The group was asked to elect six representatives to be

---

Mary Ellen Davis, 1997-2000 President of the California Association for Multicultural Counseling, and Assistant Principal, Counseling Department, Presidio Middle School, San Francisco.

The author expresses appreciation for the courtesy of CACD Headquarters and Marcelett Henry in providing historical information presented in this article.

present at a workshop to be held separately but concurrently with a meeting of the APGA governing body in March 1971 in New Orleans. The representatives of the proposed division requested and were granted a hearing before the governing body. They presented rationale for the formation of a division. Since there were no procedures for establishing a division, help was requested from APGA.

Subsequently, the Non-White Concerns Caucus was notified by the APGA attorney that he had been directed to work with members of the caucus in forming a division. An agreement was made to establish the Association for Non-White Concerns in Personnel and Guidance of APGA, and documents of incorporation were filed by the attorney in Washington, DC. At the first meeting of the corporation the attorney presided, and the temporary officers were named to serve until the meeting to be held on March 28, 1972, at the APGA convention in Chicago. At the convention meeting, officers were elected: Samuel Johnson, president; Gloria Smith, vice president; Jean Thomas, secretary; and Robert Clayton, treasurer.

The future of ANWC was planned during an all-day workshop on March 25, 1972, at the Palmer House in Chicago. The workshop centered around the theme "Getting It All Together," for which the following topics were discussed for action:

1. Identifying and utilizing the human potential of young Black students.
2. Counseling minority women students.
3. Developing a counseling program for Spanish-speaking counselors.
4. Placement opportunities for non-Whites.
5. Counseling cultural minority activities during the school year.
6. Mechanics of developing a state non-White personnel and guidance association.
7. Racial minorities and the fine arts: Implications for guidance and counseling.
8. Developing a multi-ethnic counseling center.
9. Vocational counseling and career development for elementary school pupils.
10. Counseling multi-ethnic students in public schools.

At the APGA Senate meeting at 2 p.m. March 28, 1972, at the Pick Congress Hotel, the motion was made to accept the request for division status. Samuel Johnson was invited to the Senate floor during the discussion period. APGA Acting Executive Director P. J. McDonough stated that all papers were in order, and that the Non-White Concerns Caucus (ANWC Corporation) met all requirements for division status. The Senate then gave overwhelming approval to the motion, and ANWC was established as an official division of APGA.

The Beginnings of CANWC

Action toward the development of CANWC began in the spring of 1980. At a 3-day meeting in Atlanta, Georgia, a group from California met with Regional Representative Joyce Washington to discuss the formation of a state division of ANWC. Persons who attended the meeting included Larry Johnson, Edna Montgomery, Horace Mitchell, Barbara Mitchell, Lou Preston, Marcelett Henry, Joe Dear, Shirley Robinson, Bill Thayer, Stanley Lang, and Monte Dawson. This 11-member group, joined by approximately 13 new members, worked on the procedures for the formation of CANWC.

CANWC received a charter as a state division of ANWC in 1981 during the APGA convention in St. Louis. The 25 charter members of CANWC represented various

areas of the counseling profession, including school counseling, career counseling, counselor education, school administration, and the California State Department of Education. These members were Simmie Coffee, William D. Cooper, Jr., Barbara Crowe, Colleen Davis, Sallie Gibson, Marcelett Henry, James Howard, Arthur Jackson, Lawrence E. Johnson, Dessie R. Kelly, Johnye McCarty, Barbara Mitchell, Horace Mitchell, Edna Montgomery, Ernestine L. Moore, Robert Moss, Alfonse Peterson, Louis Preston, Benjamin Reddish, Jr., Shirley Robinson, Lee Sheldon, Winifred Strong, William Thayer, Romeria Tidwell, and Gerald West.

CANWC requested and received a charter as a division of CPGA on January 13, 1982. The following resolution was presented by Marcelett Henry to the CPGA Senate:

> Whereas, the goals, objectives, and aspirations of non-White persons in guidance services of our state are often neglected, and
>
> Whereas, all barriers and conditions that prevent the quality of treatment, advancement, and qualifications of persons employed to deliver guidance and counseling services to our citizens must be eliminated, and
>
> Whereas, an organizational structure is needed which will promote a greater understanding and establish a communication network among local, regional, and national groups for psychological growth and development;
>
> Therefore, let it be resolved that the California Personnel and Guidance Association charter a division of the Association for Non-White Concerns to function under the state (CPGA, CANWC) and national (APGA, ANWC) charters and bylaws.

In 1982, CANWC members elected the following officers to head the newly formed division: Marcelett Henry, president; William Thayer, president-elect; Shirley Robinson, vice president; Edna Montgomery, treasurer; Jacqueline Wesley, secretary; William Cooper, finance chairperson; Dessie R. Kelly, membership chairperson; and Colleen Davis, public relations chairperson.

The 1982-83 CANWC goals were the following:

1. To provide an organizational structure that will promote a greater understanding of non-Whites among members of the counseling and guidance profession.
2. To improve the quality of counseling and guidance services to non-Whites in California.
3. To identify and eliminate those conditions that create barriers to the development of non-White individuals.

The 1982-83 CANWC objectives were the following:

1. By June 1982, CANWC shall have completed its organizational activities.
2. By June 1982, CANWC shall have completed a needs assessment of its members and developed a short- and long-range plan of activities for implementation.
3. By June 1982, CANWC shall have established a checking account with sufficient operating funds.
4. CANWC shall identify a program of activities to enhance its existence, with legislation, including licensure, staff development, and public relations.

In 1983, members of the new division drafted a mission statement consonant with the CANWC goals, as follows:

> To promote a greater understanding of ethnic minorities among members of the counseling and guidance professions. By establishing a communi-

> cations network among professionals in local, regional, and national groups...strives to design and implement programs to enhance professionals' psychological and educational growth as well as that of the individuals to whom services are rendered. Through these efforts and forums ...endeavors to improve the quality of services provided to ethnic minority counselees by identifying and eliminating those conditions which create barriers to the development of ethnic minority individuals.

In May 1982, under the presidency of Romeria Tidwell, bylaws were completed and forwarded to CPGA for official recording and status. CANWC offered regular, student, associate, and honorary membership. Membership in CANWC required membership in CPGA and APGA. Annual dues were $10.00, CANWC; $65.00, CPGA; and $35.00, APGA.

During the same year, CANWC held its first workshop entitled "Survival from a Cross-Cultural Perspective: Defining and Exploring New Challenges" at the University of California at Los Angeles (UCLA). The workshop was held in association with CPGA and the CPGA Asian Pacific Caucus, CPGA Black Caucus, CPGA Chicano Caucus, UCLA Graduate School of Education, and UCLA Division of Student Services.

CAMC

In 1985, the state and national organizations changed their names. APGA became the American Association for Counseling and Development (AACD), and CPGA became the California Association for Counseling and Development (CACD). ANWC became the Association for Multicultural Counseling and Development (AMCD), and CANWC became the California Association for Multicultural Counseling (CAMC).

From its inception as CANWC, CAMC exercised leadership in the counseling profession. CANWC and CAMC presidents were Marcelett Henry, 1981-82; Romeria Tidwell, 1982-84; Lawrence Johnson, 1985-86, 1989-90, 1994-95; Robert Moss, 1986-87, 1990-92; Sallie Gibson, 1987-88; Frances Crawford, 1988-89; Josie Teal, 1992-93; Louis Preston, 1993-94; Joseph Dear, 1995-1997; and Mary Ellen Davis, 1997-2000.

Through the conscious efforts of CAMC leadership recruitment, membership network, and referrals from the state and regional organizations, membership has continued to grow from the original 25 charter members to more than 100. Much of the recruitment is accomplished through professional workshops, conferences, and presentations.

CAMC continues to be a leader among state divisions, with the objective of making counseling professionals aware of the need for competence in counseling and other services to diverse populations. Marcelett Henry, Joseph Dear, Lawrence Johnson, Robert Moss, and others continue to be major presenters of multicultural counseling and educational information at annual CACD conventions. During her 1997-98 AMCD presidency, Marcelett Henry doubled her efforts in the continued quest for competency-based training and licensure in multicultural counseling and development. She shared counseling information from ACA with regional, state, and division associations. As current AMCD Western Region Representative, Larry Johnson shares his expertise with counseling professionals and with counselors-in-training through presentations that promote multiculturalism through competency-based counseling and development.

During the past 5 years, CAMC has held meetings and conferences in the northern

part of the state. During his presidency, Joseph Dear held meetings at the University of California at Berkeley and at Sacramento State University. During the presidency of Josie Teal, CAMC made a presentation at a joint meeting of United Administrators of San Francisco and Alpha Delta Kappa Sorority entitled "Laughter: Using Humor to Reduce Stress in the Work Place," featuring Robert Moss, a former president of CAMC. Robert Moss has kept members of CAMC and CACD informed through quarterly newsletters.

Mary Ellen Davis planned and presented a 1-day conference in 1998 in the San Francisco Bay area entitled "Multiculturalism: Nurturing and Cultivating Diversity in Human Resources." The conference specifically emphasized competence in multicultural counseling and development. Registration fees included a copy of the AMCD publication *Operationalization of the Multicultural Counseling Competencies*, which is a blueprint for training counselors and for professional development for practicing professionals. Attendees comprised an ethnically diverse group of professionals from middle schools, high schools, colleges, universities, and private practice.

In 1998, CAMC was invited by the California Community College Counseling Association to make a presentation on *Operationalization of the Multicultural Counseling Competencies.* In March 1999, CAMC, in association with the Marquise Institute for Human Development, and AMCD-Western Region participated in a one-day training seminar, "Traumatic Crisis Incident Reduction" held at KVIE Channel 6, Sacramento.

The California Association for Multicultural Counseling will continue to work with AMCD, CACD, and CACD division and affiliate members to foster professional competence and training for excellence in counseling services to all clients at all levels, with emphasis on counseling individuals from populations for which it was founded.

"Your experience
is
your springboard
for
writing."

—Nils Carlson, Jr.

• • •

"A Blueprint for Writing Success"
Eighth Annual CACD Writer's Workshop
CACD Annual Convention
February 14, 1998
Los Angeles

Feature...

Professional Practices in Counseling...

"Professional Practices in Counseling" highlights functional techniques, procedures, points of view, and pointers for applications in various settings within the counseling profession.

Ethics Training and Counseling Practice: An Interactive Decision-Making Analysis

Bette Katsekas

Recent trends in ethics education emphasize decision-making skills as well as an in-depth understanding of a number of ethical standards. Case analysis and practitioner interaction are critical elements for inclusion in training programs. This paper includes a sample training format for counselors and a summary of a sample training program.

Training in ethical issues is an important area for counselors-in-training, as well as for practicing counselors (Corey, Corey, & Callahan, 1993). The use of case analysis and interactions with experienced practitioners from many backgrounds can greatly enhance the training process for these varied contexts. Recent emphases in counselor education programs typically center around legal issues, ethical standards, and decision-making processes (Corey et al., 1993; Corey & Herlihy, 1993; Kitchener, 1984; Swenson, 1993).

Complicated areas involving ethical considerations, such as sexual abuse, child reporting laws, balancing client confidentiality with one's duty to warn, and managed care guidelines, challenge counselors to make appropriate ethical decisions. At times, ethical standards, the law, and employment policies may present the counselor with conflicting guidelines (Corey & Herlihy, 1993).

Situational and ethically complex problems are routine in a counselor's career. A counselor's education and subsequent ethics training require not only that ethical standards of various professions be studied, but that the relationships between virtues ethics (the area that asks what is best for the client) (Jordan & Meara, 1993) and the law be utilized as guides for ethical decision making (Corey et al., 1993; Kitchener, 1989). Effective decision making is imperative, as there is not always immediate or easy access to a clinical consultant or to a case supervisor.

Many ethical violations are blatant and easily recognizable. Others are more subtle, and may be clouded by a counselor's emotions or subjective reactions. Without ongoing and careful self-evaluation, clinical feedback, and accurate information, ethical issues may be difficult for counselors to recognize, identify, and process.

Counselor Ethics and Decision-Making Processes

Education about ethics is important for counselors-in-training, as well as for practicing counselors (Corey et al., 1993). The use of interactive training experiences with case analysis formats provides counselors with opportunities to examine the many

Bette Katsekas, Assistant Professor, Counselor Education, University of Southern Maine, Gorham.

gray areas of ethical concern. Ethically complex problems arise regularly in counseling. The case examples in this article illustrate several such problems.

If an ethical concern relates to an identifiable ethical principle, a well-known theory of counseling, or a clear legal statute, a counselor may consult a written standard of practice (such as the limits of confidentiality), review a counseling theory textbook, or obtain legal advice. For more clarification, a counselor may seek the services of a clinician, consultant, or lawyer. There is not, however, always easy access to written guidelines, systematic answers, or immediate professional consultation. In such cases, a counselor's ethical decision-making ability is crucial for an effective resolution of the problem. A counselor's personal and professional experiences, value system, and the uniqueness of the situation are all factors to be considered. Within this area, teachers of counselors, clinical supervisors, counselor educators, and continuing education trainers encounter a most challenging process of educating counselors about ethics.

Ethics is an important area of graduate training and continuing education for all helping professions (Corey et al., 1993). Many helping professionals have chosen a particular area of work based on a sincere desire and commitment to provide ethical services to clients. Yet, counselors have not always been taught how to make ethical decisions. There is a need for more training and continuing educational experiences in this challenging, yet complicated, decision-making area.

In the following workshop, participants are able to explore thoughts and feelings, while acknowledging that all practitioners encounter gray areas of ethics (Katsekas & Lemay, 1995). More than providing "black-and-white" answers, ethical training and awareness in decision making are presented as ongoing, lifelong educational processes leading to greater levels of professional efficacy and confidence (Corey et al., 1993; Kitchener, 1984).

Interactive Decision Making and Case Analyses: A Sample Workshop Format

The workshop format was designed in the following manner. An informal needs assessment (Katsekas & Lemay, 1997b) led to the design of a workshop about ethical decision making. After presenting at local and statewide workshops and conferences in a variety of areas of ethics, from 1992 to 1995, these authors asked participants to identify the area of ethics for continuing professional training. In a sample of 82 respondents, 55% indicated that ethical decision making was the first request. A second most frequently mentioned area (42%) was case analysis. Counselor backgrounds included clinical counseling, social work, psychology, school counseling, rehabilitation counseling, and substance abuse counseling. From these data, Katsekas & Lemay (1997a) developed a 3-hour training experience subsequently utilized in a variety of settings.

Workshop Design

The Ethical Decision-Making Workshop has three parts: (a) an introduction, followed by sample cases to which participants are asked to give reactions; (b) a summary of the reactions from the participants and workshop leaders; and (c) the summary of an ethical decision-making process tool presented in the Ethical Decision-Making Model (EDMM) developed by the workshop leaders (Katsekas & Lemay, 1993). As time permits, cases reported by several participants can be processed utilizing the model as well.

Introduction of Sample Cases

All participants are introduced, followed by an overview of the workshop. Cases such as the following are then presented for discussion.

Case #1: Jane, a counselor employed half-time at the local counseling center, has a part-time private practice. Jane's husband Fred, a local minister, also works in a part-time private practice as a pastoral counselor. He and Jane share an office in their home. At the center, Jane has been seeing Jeff, an HIV-positive client who is in a relationship with Tom, also HIV-positive.

Tom refuses to see any counselor, receive any help, or participate in group counseling. Jeff has reported to Jane that Tom is depressed. Most of Jeff's initial work in counseling has involved his feelings around Tom. One week, Jeff reports Tom is suicidal, and he is only willing to see Jane for counseling. In the past, Tom has had a bad experience with a homophobic counselor; since Jeff has been seeing Jane, Tom feels safer seeing her. Tom comes in for a session the next day and seems to feel relieved. What is your reaction to the ethical issues raised in this case?

Case #2: A federally funded project is examining research relationships between the presence of substance abuse and sexual abuse in families. The study specifically is targeting methods for the improvement of treatment methodologies in these areas. An initial phone call from the director of your agency explains the study, establishes schedules for further contacts, and enlists the cooperation and participation of all clinical staff members. An additional staff member will be hired as part of this grant. What ethical issues are presented, and what potential problems lie ahead?

Case #3: As the above study begins, you are asked to administer surveys to all of your clients. Some questions appear intrusive. The survey directs your clients to recall any abusive experiences they may have had. You are concerned about the potential harm this process may have. You are in conflict as your supervisor has approved this project, and the new staff member provided by the study has been a welcome clinical addition to the whole agency, has lightened workloads, and has reduced the waiting list for counseling. What are the ethical dilemmas in this situation?

Case #4: It is late one night and you decide to walk home after work. You work in a small private practice. There is a similar practice nearby (except it is also licensed as a substance abuse agency) consisting of colleagues you know quite well, and even see occasionally. As you walk by a local bar, you see one of your colleagues from this agency. This bar is notorious for its late-night fights and wild drinking. You are compelled to stare in the window, and then go in. Your female colleague is tending bar and notices you. She immediately confronts you, saying, "You have no business coming in here. I need this job and I would appreciate no one else knowing about it." What is your reaction? What would you do in this situation?

Case #5: You are out with a friend, another school counselor you went to graduate school with, and haven't seen for a while. She asks you if, confidentially, she can consult with you concerning one of her clients. You agree. She mentions that a client of hers who appeared depressed and suicidal has disappeared, and cannot be reached by phone. Your friend is extremely worried. You work in both a local school and in a local substance abuse program. You realize, without a doubt, that this is a client who is currently in treatment at your agency. You also realize from attending staff meetings that the client has said nothing of feeling depressed or suicidal to anyone at your agency. You are concerned for your friend, concerned for the client, and concerned that your agency does not have enough information. What would you do in this situa-

tion? What would you tell your friend?

Case #6: You are a career counselor in a fairly large corporation. The corporation has only one career counselor, you, and your office is located within the Human Resources Department, with about five or six other professional Human Resource (HR) staff members. One evening, you notice one of your ex-clients out with one of the HR professionals from your office. They appear to be on a date, giggling and smelling of alcohol as they pass by, not noticing you. One of the issues this client had mentioned in career counseling with you was a history of alcohol abuse. What would you do in this situation?

Discussion Segment

Following the reading of each case, participants address the following four questions as well as the noted questions of the case: (a) What is your overall reaction? (b) Whom would you consult? (c) What are your options? (d) What would you be likely to do in this situation? These four questions are included in the EDMM (Katsekas & Lemay, 1993).

These questions are offered as a guideline for the resolution of "gray-area" types of ethical dilemmas. The importance of the first question and its role in sorting out ethical versus legal or professional concerns are discussed. Necessary interactions and verbal exchange with specific professionals and consultants (for example, a legal consultant) as appropriate are underscored. Finally, a resolution, if possible, is discussed and summarized.

Analysis of Interactive Decision Making Using a Case Study Format

Evaluations from workshops utilizing this basic design have been positive. Participants state that they would like to explore these kinds of situations further. Some have formed peer study or supervision groups. Such a design, in a relatively brief time, provides useful content, a variety of perspectives, and dynamic question-and-answer periods.

Kitchener's (1984) core components of ethics education become more clearly understood within live case examples. Many objectives are met: Decision making as a separate area of counseling ethics is emphasized as a legitimate and critical concern. With this kind of focus on problem-solving processes, situational dilemmas within clinical settings are better integrated with both theoretical and practical aspects of counseling. Listening to various reactions and experiences, while examining one's own reasoning skills in the context of the EDMM (Katsekas & Lemay, 1993), creates a lively interactive learning process. This process models and offers a better understanding of the crucial role of the tolerance for ambiguity in ethics education (Corey et al., 1993). Within the gray areas of counseling ethics, counselors learn that, rather than any one right or wrong answer, ethical dilemmas often generate several probable interactive resolutions offered within the context of a variety of theoretical and practical counselor and client situations.

The participants themselves are powerful educational forces of this kind of workshop, with their unique combinations of experiences, insights, and opinions. Ethical decision making is shown to be an exciting area of inquiry. Participants often report that, while a set of ethical standards may seem uninteresting, they are enlivened when mixed with actual situations, shared professional experiences, and useful principles of decision making. Actions speak louder than words, as is often the case in counselor

education. Many intricacies of counseling practice, such as confidentiality and the law (Swenson, 1993), often arise, and are voiced with some new perspectives. The workshop challenges participants to engage in more reading of the literature, and then to examine how the literature more clearly relates to their current counseling practices.

Participants report a greater ability to identify ethical concerns related to their work. Better able to utilize a code of ethics, workshop participants understand more clearly how the roles of the counselor and client within the counseling relationship relate to their overall ethical awareness and decision-making ability. Workshop evaluations indicate that participants learn to identify and express the more subtle areas of ethical violation in the counseling relationship. In follow-up evaluations, many report a greater level of confidence and creativity when assessing the more difficult ethical issues within counseling situations.

Concluding Statement

For the ethicist, attitudes are historically what a belief system is to the scientist (DeGeorge, 1966). The sharing of attitudes is the centerpiece of this workshop experience. While a scientist may work with established assumptions and concrete facts, for the counseling practitioner, developing an ethical sense often means an exposure to a variety of attitudes, experiences, and decision-making styles. This is particularly true for the beginning counselor who does not have an experiential base upon which to build an ethical decision-making system.

Ethical concerns, counselor training and education, and clinical experiences are inextricably connected. Ethics education and decision-making ability develop most effectively from a better understanding of the ongoing relationships that exist between counselor and client, or between counselor and colleague. A practical understanding and integration of ethical issues from a realistic perspective of day-to-day contact with clients and colleagues need more emphasis in counselor training programs and educational experiences, as well as in theoretical counseling orientations and philosophical frameworks that help shape ethical contexts.

References

Corey, G., & Herlihy, B. (1993). Dual relationships: Associated risks and potential benefits. *Ethical Issues in Professional Counseling, 1*(1), 3-11.

Corey, G., Corey, M., & Callanan, P. (1993). *Issues and ethics in the helping professions.* Pacific Grove, CA: Brooks/Cole.

DeGeorge, R. T. (1966). *Ethics and society: Original essays on contemporary modern problems.* New York: Anchor Books.

Jordan, A. E., & Meara, N. M. (1990). Ethics and the professional practice of psychologists: The role of virtues and principles. *Professional Psychology: Research and Practices, 21*(2), 107-114.

Katsekas, B., & Lemay, D. (1993). *A decision-making model for counselors.* Portland, ME: Human Development Consultants.

Katsekas, B., & Lemay, D. (1995). *The dynamics of prejudice: The counselor's role in the evolution of attitudes.* Revised workshop from presentation to American Counseling Association, New Orleans, LA, 1987.

Katsekas, B., & Lemay, D. (1997a). *Counselor ethics and the therapeutic relationship.* Gorham, ME: University of Southern Maine.

Katsekas, B., & Lemay, D. (1997b). *Needs assessment on counseling ethics: An update.* Portland, ME: Human Development Consultants.

Kitchener, K. S. (1984). Intuition, critical evaluation and ethical principles: The foundation for ethical decisions in counseling psychology. *Counseling Psychologist, 12*(3), 43-55.

Kitchener, K. S. (1989). There is more to ethics than principles. *Counseling Psychologist, 24*(1), 92-97.

Swenson, L. (1993). *Psychology & law.* Pacific Grove, CA: Brooks/Cole.

"Write about
the very important role
counselors play.
Write, write, and write now!"

—Marcelino Saucedo

• • •

"Writing and Professional Leadership"
Ninth Annual CACD Writer's Workshop
CACD-ACA World Conference
April 16, 1999
San Diego

Dual Model Group Supervision: Simultaneous Use of Dynamic and Cognitive-Behavioral Approaches

Kathryn C. MacCluskie

Characteristics of a co-led dual model supervision group are described and discussed. Two counselor educators co-led a supervision group. Two counseling models, dynamic and cognitive-behavioral, were implemented with students completing the final quarter of the Master's level internship in agency counseling. Students reported the dual model co-led supervision group to be beneficial to their learning.

Group supervision is widely used in counselor training programs (Savickas, Marquart, & Supinski, 1986; Werstlein & Borders, 1997) and advocated at all levels of counselor development (Borders, 1991). Some advantages of group supervision include reducing the likelihood of trainee dependence on the supervisor, helping to bridge the gap from didactic education to skill application, and giving novices the opportunity to learn from one another (Bernard & Goodyear, 1992).

A supervisee's participation in a co-led supervision group offers unique advantages over an individually led group. In co-led group supervision the participants experience the perspectives of two supervisors. Students have the opportunity to recognize that there are many ways to help a client attain counseling goals, and that the method a therapist uses will be largely determined by the therapist's philosophy and theoretical orientation. A group led by two supervisors with alternative models of counseling may be conceptualized as an integrative, dual theory group supervision model.

Whereas an inexperienced supervisee might have difficulty simultaneously conceptualizing treatment from two distinct models, a more advanced supervisee may find simultaneous conceptualization helpful. Stoltenberg and Delworth (1987) presented a model encompassing three levels of trainee development, with specific recognition of the importance of allowing intermediate and advanced trainees to apply multiple theoretical perspectives in case conceptualization. The authors stated, "It is important that trainees be exposed to numerous orientations and supervisors (if possible) to encourage critical evaluation of information regarding the process of psychotherapy" (p. 46). Gaoni and Neumann (1974) postulated a four-stage developmental model of the relationship between a supervisor and supervisee, in which the third stage is characterized by the supervisee developing his or her own therapeutic personality through growing self-awareness and self-analysis. As counselors progress toward becoming "master counselors," they begin to develop their own counselor identity, including clarification of theoretical position (Ronnestad & Skovholt, 1993).

Application of Dual Model Group Supervision

Two colleagues co-led a supervision seminar for counseling interns completing their Master's degrees in Community Agency Counseling. Since the experience was evaluated as beneficial and provocative, a presentation of the application and benefits of dual supervision is offered.

Kathryn C. MacCluskie, Assistant Professor, Department of Counseling, Administration, Supervision, and Adult Learning, Cleveland State University, Cleveland, Ohio.

Group Composition

The group was composed of 10 interns, all of whom were enrolled in their final quarter (the third of three required quarters) of internship in community agency settings. In their first two quarters of internship, group members had been enrolled in group supervision under one of the two co-leaders. Thus, in their last quarter of internship, two internship seminar supervisors brought their groups of five students together, forming one group of 10 members and two leaders.

Meeting Format

The dual model supervision group was conducted over one academic quarter, with one group meeting per week for 11 weeks. At the beginning of the quarter, students chose two dates on which they were scheduled to give a formal case presentation on one of their clients. Students were given the option of choosing any client case for formal presentation. Some students presented cases with which they felt they had done excellent clinical work, other students presented cases with interesting dynamics, and still other students, cases with which they were experiencing confusion or frustration. In a typical group meeting, one or two formal case presentations were given, followed by opportunity for all group members to discuss concerns and "problem cases," clients with whom the intern was experiencing difficulty.

Group members were informed that, although the two leaders were both integrative in their approaches to working with clients, each leader used one primary counseling model as the foundation for case conceptualization. Students were encouraged to vocalize any confusion or discomfort they might experience throughout the process of discussing cases from two models so diverse in their philosophical base.

Dynamic and cognitive-behavioral models were used. The model applied first on a given night was alternated from week to week, ensuring equal time for the models and for the qualitative comparison of models. The following format provides a specific example of how a group meeting progressed on a given evening. When the dynamic group leader began the discussion, she first helped the group discuss a dynamic conceptualization of the client's issues. This included helping members verbalize a dynamic understanding of the etiology of the client's problems, a dynamic definition of the overt and covert issues, and discussion about what would be necessary for the dynamic therapeutic process to benefit the client. The co-leaders identified and role-played specific techniques that might be used. The dynamically oriented leader was the main discussion leader for this phase of the group, and the other leader monitored the group process by requesting input from members at appropriate times, offering opinions, and asking questions to support students' reasoning processes.

After a brief break, the group members resumed discussion, this time from a cognitive-behavioral perspective. Topics again included etiology and definition of the problems, treatment goals, and counseling techniques. The leaders reversed roles.

Following thorough discussions of the theoretical perspectives, the last segment of each group meeting focused on how the trainees felt about both approaches, and compared their effectiveness. Sometimes this discussion included focus on the commonalities and differences in the two perspectives. The trainees were encouraged to focus on how they could integrate concepts and treatment techniques from the two models.

Evaluation

Several months after conclusion of the internship, the 10 group members were surveyed by mail (see Appendix). Students completed surveys anonymously and re-

turned them to an uninvolved faculty member, who separated the completed surveys from the signed consent forms. Nine students (1 male, 8 females) responded; one student had relocated and could not be reached. Respondents had varying degrees of clinical experience; one had worked as a substance abuse counselor for 12 years, and several members had no prior counseling experience.

Item analysis of the quantitative data collected is presented in Table 1. Respondents reported a high level of satisfaction with the seminar, with no confusion resulting from dual theoretical approaches. Respondents indicated minimal awareness of the divergence of theoretical views, and minimal confusion that resulted from the simultaneous use of the two models. Respondents generally reported that having two supervisors provided a more rounded learning experience. They also reported that, although the group was somewhat large, they had adequate opportunity to present and discuss client cases.

Table 1

Mean Satisfaction Ratings on Aspects of the Co-Led Seminar

Item content	*M*
Satisfaction that training needs were met	4.75
Awareness of divergent theoretical views	3.44
Divergence of views confusing	5.0
Contradictions in leader's feedback	4.75
Satisfaction with opportunity to discuss cases or problems	4.98

Data suggest that individual training needs had been met. Additionally, respondents appeared to benefit from the process of discussing client cases from two distinctly different theoretical perspectives.

In addition to the Likert-type survey items, there was opportunity for respondents to make qualitative comments to open-ended questions. The qualitative comments were consistent with the mean ratings on the scaled questions, and were consistent between respondents. Two respondents specifically stated that blending the groups in an advanced stage of internship was ideal because they had already had the opportunity to establish relationships and rapport within a smaller supervision group. Two diametrically opposed comments were made about participant-leader relationship, one that the relationship with the leaders was enhanced, and another that the relationship was diluted.

Discussion

Points To Consider

The students' high level of satisfaction may have been partially a function of their developmental level. Developmental models of counselor trainee growth (Loganbill, Hardy, & Delworth, 1982) hold that learning happens in the context of the developmental stage of the learner. Developmental supervision paradigms identify the counseling internship, particularly the later stages, as a time when students are developing more self-confidence and tolerance of ambiguity. Because the dual model approach was introduced when the students were in the final term of their internship, they had progressed to a developmental stage in which they were comfortable applying two different schemas to the same case. Assuming a developmental model, then, a dual

theory supervision approach may be best used when the supervisees are beyond the stage of basic skill acquisition.

The reported lack of awareness among respondents of different theoretical approaches was interesting, particularly in light of the effort made by the leaders to supervise from two "theoretically pure" positions. Subsequently, there was no confusion reported among the group members which resulted from the parallel approaches to case conceptualization. A possible explanation for the members' lack of awareness is the effort expended by both leaders to find the shared components of the models during case conceptualization, and to minimize the differences in the approaches. There may also have been a tendency to present and discuss counseling technique options in the context of which techniques would be most comfortable for the supervisees to implement, rather than in the context of which approach would be best warranted clinically. Both leaders were invested in minimizing conflict in the group; however, while the co-leaders' relationship was helpful in collaboratively running the group, it may have resulted in some diffusion of pure model application.

Advantages

A clear strength of this supervision approach lies in the approximation of dual model group supervision to the employment experience, in which co-workers have different models for addressing client concerns. Some community counseling agencies use case presentations for group supervision and for ensuring quality care. Having the opportunity to conceptualize cases with two distinct models may help students prepare for the group supervision and caseload management expectations in an agency setting.

From the perspective of the leaders, perhaps the most distinct advantage of co-leading this group, consistent with Corey and Corey's (1982) observation, was the opportunity to consult with a colleague on the status of a supervisee's skills. The single supervisor may find it difficult to ascertain the extent to which a supervisee's substandard work is the result of true skill deficits, or the result of the supervisor's countertransference issues. In this instance, the presence of another supervisor permitted additional insight about supervisee skill level.

Limitations

A significant disadvantage to be anticipated might be the need to justify to one's clinical director, or department chair, the time commitment for two people to lead a supervision group. If each leader is regularly assigned a certain number of supervisees, however, time efficiency may not be a factor. The time factor is a potential disadvantage over a single leader group; in this instance, the benefits of a co-led group appeared to outweigh the disadvantages of reduced time efficiency.

Another disadvantage is the need for leaders to reach agreement as to whether a supervisee is behaving ethically, or whether there is a need for a supervisee to remediate in some particular skill area. In keeping with the above statement about co-leaders presenting a supportive position toward one another, any disagreement between co-leaders about trainee unethical behavior or trainee competence must be resolved privately between the two leaders.

Recommendations

Information generated from this experience may be helpful to other counselor supervisors who are considering co-leading a supervision group. First, despite differences in theory bases and leadership styles, this attempt to co-lead was evaluated as

successful by the students. However, it might be that the success of this dual theory co-led group was more contingent on the working relationship of the co-leaders than on the theories in question. One obvious and important condition is that a solid working relationship with mutual respect must exist between leaders. In this instance, both leaders were invested in making the approach work, to the extent that collaboration was more important than proving that one model might be more warranted than the other in counseling a client.

Co-leaders need to be able to disagree and discuss a case without feeling threatened or defensive. In this situation, friendly and appropriate disagreement may have provided a good model for group participants. The co-leadership experience became an opportunity to evolve an integrative theoretical viewpoint. Co-leaders may learn and grow as the result of entertaining alternative theoretical conceptualizations of cases. Parallel use of two therapy models rests on the assumption that multiple models have comparable validity and utility which, when combined, offer a more comprehensive approach to counseling and psychotherapy. As the leaders in this application discovered, a supervisor participating in a dual model approach would find it difficult to maintain a unilateral and theoretically pure stance to therapy, and remain open to alternative interpretations and hypotheses.

Logistics such as the structure and delivery of feedback (e.g., in group, written outside group in the context of submitted tapes) need to be determined. Multiple dynamics could develop if logistical issues are not resolved prior to beginning the group. For example, workload may be unequally distributed, or supervisees could divide the leaders. Co-leaders must be prepared to present to supervisees a "unified front," exhibiting mutual support on leadership issues.

Considering group members' possible resistances to combining existing groups, it is best to begin co-leadership from the outset of the group. In line with development of cohesion and life span of the group, a closed group with a clear time limit might be preferable. A group could, for example, have closed membership that is ongoing for 6 months, with opportunity for new members to join every 6 months. Within an academic setting, membership could occur with temporal parameters of semesters or quarters.

With regard to students' discrepant comments about how the co-led experience impacted on the supervisor-supervisee relationship, more data are needed. Disagreements may have been due to a number of variables. Those variables could have resided within the supervisor, the supervisee, the process, or perhaps most likely, an interaction of multiple variables. It would have been interesting to know which counseling model the respondents had been trained in prior to the co-led group configuration.

Conclusion

There clearly are logistic concerns which arise in a co-led supervision group, concerns that are typically non-existent in a single leader supervision group. Those counselors considering a co-led supervision group are encouraged to choose the co-leader carefully–the working relationship between the leaders will greatly influence the progression and development of the group. Beyond the obvious issues in coordinating a co-led supervision group, however, dual model group supervision challenges the more traditional, linear ways of thinking about, and doing, counselor supervision. This author would certainly recommend it for those supervisors or instructors who can garner the administrative support for a co-led supervision endeavor.

References

Bernard, J. M., & Goodyear, R. K. (1992). *Fundamentals of clinical supervision.* Needham Heights, MA: Allyn & Bacon.

Borders, L. D. (1991). A systematic approach to peer group supervision. *Journal of Counseling and Development, 69,* 248-252.

Corey, G., & Corey, M. (1982). *Groups: Process and practice.* Monterey, CA: Brooks/Cole.

Gaoni, B., & Neumann, M. (1974). Supervision from the point of view of the supervisee. *American Journal of Psychotherapy, 23,* 108-114.

Loganbill, C., Hardy, E., & Delworth, U. (1982). Supervision: A conceptual model. *Counseling Psychologist, 10,* 3-42.

Ronnestad, M. E., & Skovholt, T. M. (1993). Supervision of beginning and advanced graduate students of counseling and psychotherapy. *Journal of Counseling and Development, 71,* 396-405.

Savickas, M. L., Marquart, C. D., & Supinski, C. R. (1986). Effective supervision in groups. *Counselor Education and Supervision, 26,* 17-25.

Stoltenberg, C. D., & Delworth, U. (1987). *Supervising counselors and therapists: A developmental approach.* San Francisco: Jossey-Bass.

Werstlein, P. O., & Borders, L. D. (1997). Group process variables in group supervision. *Journal for Specialists in Group Work, 22,* 120-136.

Appendix

Student Questionnaire - Team Taught Internship

On items 1 - 5, please circle the number that best represents your perception.
On items 6 - 8, on the back, please provide a brief statement.

1. How satisfied were you that your training needs were met in the team teaching situation?

1	3	5
Very Dissatisfied	Neutral	Very Satisfied

2. How aware were you of the divergent theoretical views by the two instructors?

1	3	5
Unaware	Somewhat Aware	Very Aware

3. If you were aware of their divergent views, to what extent did you find it confusing?

1	3	5
Very Confusing	Neutral	Not at All Confusing

4. Did the instructors' feedback ever contradict one another?

1	3	5
Almost Always	Occasionally	Hardly Ever

5. How satisfied were you that you had ample opportunity to discuss cases or problems?

1	3	5
Very Dissatisfied	Neutral	Very Satisfied

6. What were the most significant advantages of the co-led internship seminar group?

7. What were the most significant disadvantages?

8. Would you recommend a team-taught internship seminar over a single-instructor model? Why or why not?

"A concise,
well-organized proposal
is crucial
for
a well-written article."

—Lisa Lee

• • •

"A Blueprint for Writing Success"
Eighth Annual CACD Writer's Workshop
CACD Annual Convention
February 14, 1998
Los Angeles

Feature...

The Personal Side of Counseling...

"The Personal Side of Counseling" highlights feelings, opinions, and attitudes within and about the counseling profession.

Advocacy for Clients and the Profession: A Multicultural Perspective

Marcelett C. Henry

Today, the needs of clients and the profession demand that both clients and professionals become key players and advocates in the collaborative efforts of the government, schools, communities, and workplace. From a multicultural perspective, the counseling profession reflects and embodies the diverse nature of society. Promoting and protecting the developmental needs and issues of clients and professional counselors are essential.

As we move into the new millenium, a new age that is in many ways distinct from previous human experience awaits. Traditions, values, behaviors, and institutions are in a state of change, in a transition to the unknown. Clients and professionals are confused, and societal problems are on the increase. Advocacy for clients and for the counseling profession is needed. In this article, advocacy is discussed from a multicultural perspective.

Advocacy

Advocacy is usually defined as publicly recommending, supporting, urging by argument, defending, upholding, or pleading on the behalf of another or on the behalf of a cause. In the context of this paper, advocacy is specifically defined as assuming in varying degrees and ways the responsibilities for promoting and protecting the developmental needs and issues of clients and professional counselors.

Advocacy assumes that people have or ought to have basic rights. These rights are enforceable through laws, regulations, administrative guidelines, and judicial procedures. Advocacy efforts are often focused on institutional and political failures that produce or aggravate client or professional problems.

Advocacy, which is inherently political, is most effective when focused on specific issues. These issues may be different from the provision of direct services to clients, but inclusive of many elements. Advocacy should be well organized, and not necessarily adversarial. This does not mean that all efforts of advocacy are cordial and collegial; some issues are risky and painful. However, advocates should be able to participate in the process without endangering their particular professional status or their civil rights. One becomes an advocate when he or she speaks for himself or herself and when he or she supports others in their efforts.

Marcelett C. Henry, 1997-98 President, Association for Multicultural Counseling and Development, and Executive Director, Marquise Institute, Sacramento, California.

The Professional Counselor and Advocacy

The professional counselor is viewed as a decision maker, interactor, communicator, instructor, and administrator. Inherently, the professional counselor's role is that of client advocate. While the counselor's concern and responsibility are allied with the client's welfare, the role definition for many professional counselors tends to focus on procedural matters, rather than client concerns outside of the areas of decision making, interacting, communicating, instructing, and administering.

Advocacy is an essential role which complements and enhances the performance of these five areas. Advocacy is a process of gaining allies for positions about issues or about others' rights. It can create an atmosphere where bigoted or unfair statements and actions are expressed or perpetrated unjustly. The factors are especially recognized when clients and professional counselors are from various multicultural, ethnic, gender, sexual orientation, age, class, or socioeconomic backgrounds. Many professional counselors are not prepared to take on advocacy roles for groups other than their own.

Professional Multicultural Counseling

Multicultural perspectives in counseling are as varied as the multiplicity of ethnic groups represented in America. Over the years, there has been little change in the way counseling services are delivered and by whom. Too much time and attention have been given to reactive behaviors, and to justifying the need for these services to clients by professional counselors.

Professional multicultural counseling (Arredondo et al., 1996) is defined in this paper as the preparation and practice that integrate specific awareness, knowledge, and skills regarding multiple cultures into counseling and advisory interactions. Culturally competent counseling is defined as being sensitive to issues related to the culture, race, age, gender, sexual orientation, social class, and economic status of clients, while recognizing that people have universal basic needs. These needs include, but are not limited to, these five areas: knowledge of language, ability to communicate, education, socioeconomic background, and understanding the variability within cultures. It is important to note that information alone about a specific culture does not ensure competent multicultural counseling.

The culturally competent counselor will make a thorough cultural assessment of clients. Language is essential in the assessment process. In some situations interpreters may be needed to break a communication barrier. In addition to language, simple speech in short sentences will assist in facilitating understanding and interpretation. Other communication techniques include recognizing and understanding patterns of conversational styles, tone of voice, personal space, eye contact, time orientation, family relationships, spiritual or religious connections, and other practices and beliefs.

Cultural discontinuity is a major factor for all Americans. Children experience cultural discontinuity (lack of continuation or cohesion between two or more cultures) more often than adults in the United States when they are born into one culture and must learn early how to survive in two cultures, for example, the African American culture and the European American culture. Cultural discontinuity is more evident when income levels are very low for families. Cultural clashes occur when school personnel from American mainstream cultures do not recognize or acknowledge the cultures and languages of their students and clients as valid and legitimate (van Keulen, 1995).

Professional multicultural counseling reflects and embodies the diverse nature of society. The results should be internalized respect, appreciation, and acceptance of one's own culture and of cultures different from one's own culture. Clients of professional multicultural counselors will be prepared to function in a changing society, and they will be able to diagnose and deal with cultural misunderstanding and prejudice. These clients and professionals will form a collaborative team for political advocacy for the betterment of all. Professional multicultural counselors comprise a valued resource, as there are many advocacy issues to address for America's ethnic populations. Education heads the list of issues.

Advocacy Issues

The need is growing for clients and professional counselors to become involved in the educational processes of America, from preschool through college and graduate training programs. In the public schools, opportunities are needed for cultural dialogue and counseling to meet the needs of students. At the higher levels of education, additional research, in-depth training, and professional development programs are needed.

Within professional ranks, consistent certification, scope, and delivery of services among the states and agencies are needed. Meaningful linkages need to be formed with elected officials, community groups, and other professionals to provide the leverage essential in these areas.

While there are many issues that need and require advocacy, protection and betterment for more than a single individual or issue should be one of the primary goals of any advocacy program. There are ethical considerations, legal considerations, and civil rights to be observed and respected in the process (Bersoff, 1975). The profession has great concerns for participating in managed care, working with persons having special needs and disorders, and ameliorating mental health problems (Lipson, Dibble, & Minarik, 1998). Whereas the profession encompasses large and sensitive areas, professionals need to support one another in the establishment of appropriate statutory, regulatory, and ethical practices. "Turf wars" need to be eliminated between and among professionals.

The professional counselor can certainly bring his or her role into strong advocacy for those issues facing clients and the profession. Although advocacy has a variety of definitions, inherent in the definition is the ability to align oneself with the issues of others. Advocates must have respect for those they represent. Professional counselors are in an ideal position to advocate for their clients; satisfied, happy clients, in turn, are advocates for the profession.

Concluding Statement

Many challenges face clients and the profession. These challenges are important, for they represent survival for clients and the profession alike. First and foremost, educational opportunities must be improved to give more people the chance for academic and professional advancement, and to support the development of everyone's talents. Secondly, the profession needs to become more independent while developing interdependence, that is, while helping clients to understand the commonality of their interests and their mutual dependence. Thirdly, efforts must be made to avoid fanning the flames of bigotry and to focus on all people in positive ways. Fourthly, the profession needs to stress similarities rather than differences of belief, values, and culture, and to cement into common goals those truths which represent America. The values of

family, education, and differences between right and wrong are similarly shared by all parts of the population. Last but not least, the profession needs to work to heal the rifts in society. A house divided along ethnic, class, age, gender, and socioeconomic lines can not stand.

References

Arredondo, P., Toporek, R., Brown, S., Jones, J., Locke, D., Sanchez, J., & Stadler, H. (1996). *Operationalization of the multicultural competencies.* Alexandria, VA: Association for Multicultural Counseling and Development.

Bersoff, D. N. (1975). Professional ethics and legal responsibilities: On the horns of a dilemma. *Journal of Psychology, 13,* 359-376.

Lipson, J., Dibble, S., & Minarik, P. (1998). *Culture and nursing care: A pocket guide.* San Francisco, CA: University of California at San Francisco Nursing Press.

van Keulen, J. (1995). Why there's an overrepresentation of African Americans in special education classes. *College of Education Review, 7,* 76-89.

The Counselor as a Person: Integrating Theory With Self

Dwight Webb

Counselors carry the very personal responsibility to deliver their knowledge to clients with effective words, tone of voice, eye contact, and posture. The theoretical rationale of the counselor is also filtered through a personal spectrum of greater or lesser psychological stability. This article addresses the importance of the counselor's personal integration of theoretical constructs.

It is not really possible to use our theories and knowledge effectively in the counseling process unless we first have a sense of self and way of being which manifests qualities of stability, friendly demeanor, humility, the openness to grow, and the capacity to love, to mention just a few favorable predispositions. Before we can begin to serve as helpers to others, we must ourselves be healthy in body, mind, and spirit. We need personal integration to build the cognitive bridge to constructs of theory and the delivery of skilled human interaction. Arbuckle (1979) put it so very clearly: "The counselor must first of all be a decent person." This simple, yet profound, understated, and obvious truth, identifies the essential and fundamental character of a person who would become a counselor.

While our first imperative as professionals is to do no harm, we have obviously set our sights much higher with our gathered knowledge base, distilled ethical standards, and observable counseling skills as major elements of our graduate program. But because academia is our primary training vehicle, we have placed an unbalanced emphasis on the cognitive domain. The peril of this path is that we may neglect to honor the wholeness of the person who is in training to become a counselor. We must also concern ourselves with those traits of personality and character which enhance our ability to respond with empathy and compassion.

In a counseling interaction, there needs to be a connection of spirit. This is a total communication sent with a warmth of voice tone expressing understanding and acceptance, with friendly open body posture and eye contact that are appropriate. We want clients to know that we see them as whole and decent people, worthy of our high respect. Such a message, which may be thought of as speaking from the heart, is what I consider to be the core spirit of the counselor reaching out to the core spirit of the client. Such ongoing communication with clients is essential to promoting trust and supporting courage to take continuing steps toward growth.

Below is a listing of the principal tenets of the major theories in counseling (Bugental, 1978; Burns, 1988; Glasser, 1965; Lazarus, 1971; Mays, 1961; Perls, 1973). It is worth noting that one could agree with all of them without being contradictory. But it is more striking to consider that it would not be possible to translate these beliefs into effective human relationships if the person of the counselor were not himself or herself able to express the necessary personal matters of the soul, which is at the heart of these tenets. Some of this essential soul matter would be:

Dwight Webb, Associate Professor, Graduate Program in Counseling, University of New Hampshire, Durham.

1. A love of life which communicates hope.
2. Faith in our clients, with sensitivity and respect for their uniqueness.
3. Courage, humility, and thoughtful dedication to our service.
4. A commitment to maintain our own integrative and balanced perspective.

The following ideas from counseling theories present important links to these personal qualities of the counselor. Readers are invited to indicate their own priorities as a way of clarifying their beliefs. (Mark each item from 1 through 5, with 1–strongly agree; 2–agree; 3–neutral or somewhat agree; 4–disagree; and 5–strongly disagree.)

I believe...

1. That my own internal frame of reference and subjective experience are my major sources of strength. ____
2. That self-determination and personal responsibility are fundamental foundations for well being. ____
3. That choosing experience creates an opportunity to change. ____
4. That meaning is found in all experience: in adversity and in good fortune. ____
5. That anxiety is often the impetus for personal growth. ____
6. That authenticity (being true to one's self) will lead to integration. ____
7. That all people are free to choose their attitude about any given set of circumstances. ____
8. That the personal qualities of the helping person are more important than techniques. ____
9. That a primary function of the counselor is to create a climate that is psychologically safe. ____
10. That such a climate is established by creating relationships based on attitudes and behaviors which demonstrate empathy, acceptance, unconditional positive regard, warmth, caring, respect, genuineness, immediacy, and the freedom for clients to choose their level of participation in the counseling process. ____
11. That human beings tend to move toward wholeness and self-actualization. ____
12. That individuals and groups will find their own direction with a minimum amount of help from the facilitator. ____
13. That goals are best defined in concrete behavioral terms which can be observed and measured. ____
14. That behavior is learned and can be unlearned. ____
15. That learning has strong stimulus-response bonding. ____
16. That teaching assertive skills helps clients take initiative and responsibility, and that learned behaviors are rewarded as success is experienced. ____
17. That behaviors which are reinforced get repeated.
18. That rehearsal of new behaviors in a safe environment ameliorates anxiety and facilitates change. ____

19. That modeling provides examples of positive behaviors which may be imitated, and which support clients in exploring options for more healthy coping. ____
20. That evaluation and accountability are essential. ____
21. That visual imagery and relaxation training stimulate imagination for problem solving and other matters as personal growth. ____
22. That personal responsibility is the key to change. ____
23. That we filter and interpret our experience through our belief systems. ____
24. That we should challenge clients to learn to identify irrational beliefs which distort reality and impede performance. ____
25. That clients should not excuse their behavior on the basis of unconscious motivation. ____
26. That clients should work in the present toward the future, and refuse to accept the excuse that they are limited by their past. ____
27. That in order to feel worthwhile, we need to act worthwhile. ____
28. That awareness about how behaviors, emotions, and belief systems interface and integrate as a whole is fundamental to behavior change. ____
29. That counselors should focus on the "here and now" of clients' experience. ____
30. That the basic goal of the counselor is to challenge clients to become aware of ways they are avoiding responsibility, and to encourage them to look for internal support rather than external support. ____
31. That clients need to see how their choices and their behavior patterns influence their relationships and other life experiences. ____

The underlying knowledge of these ideas, along with the human relationship skills necessary to use knowledge in counseling, cannot be overlaid on a person who is in emotional chaos or struggling with identity confusion. Working comfortably within affective, cognitive, behavioral, and spiritual domains requires counselors to examine and challenge their own belief systems, attitudes, behavioral patterns, and values as a continuing process in their lives. For the counselor to keep this edge of finely tuned human skills requires all the discipline of a virtuoso musician. Our balance, texture, humor, warmth, and sincerity all need to resonate in fullness and harmony. This is what Rogers (1961) spoke of as congruence: when what we are saying, feeling, and thinking all come together as one clear and whole message. When we are congruent, our level of genuineness is transparent, and our natural caring and respect are evident.

Remaining viable in a career as a professional counselor means continuing to be open and to seek awareness of our own issues, particularly if there are counterproductive patterns which will negatively impact our clients. It also means that we remain willing to explore and take steps in our own growth and development. It is a tall order and a high standard we place on ourselves to be whole persons manifesting integration and balance. It does not mean that we are all self-actualized, but it means we are committed to be on our paths toward discovering our own best selves.

Concluding Statement

Integration, openness, flexibility, thoughtful action, sensitivity, knowledge awareness, and humility are words which come to mind as I reflect on the complexity of providing a helpful relationship for another person. Call it counseling or therapy, facilitation or education. Call it caring, or challenge and support. The process is beyond labeling and categorizing, emerging more from the quality of the human spirit in the caregiver. It is this same spirit which we are trying to nurture in those we serve. And so we see that it is imperative that we as counselors maintain a high degree of awareness with balanced perspective and an ability to express this healthy integration of our wholeness. We have to walk the walk, not just talk the talk. We want this for our clients. As counselors, we should not ask less of ourselves.

References

Arbuckle, D. (1979). *Humanistic psychology*. (An unpublished video interview with Gerald Pine.) Channel WENH, Durham, NH.

Bugental, J. F. T. (1978). *Psychotherapy and process: The fundamentals of an existential-humanistic approach*. Reading, MA: Addison-Wesley.

Burns, D. (1988). *Feeling good: The new mood therapy*. New York: Signet.

Glasser, W. (1965). *Reality therapy: A new approach to psychiatry*. New York: Harper & Row.

Lazarus, A. A. (1971). *Behavior therapy and beyond*. New York: McGraw-Hill.

Mays, R. (1961). *Existential psychology*. New York: Random House.

Perls, F. (1973). *The greatest approach and eye witness to therapy*. New York: Bantam.

Rogers, C. (1961). *On becoming a person*. Boston: Houghton Mifflin.

The New World of Work: Implications for Career Counselors

Shelley Metzger

The characteristics and requirements of work have changed. Career counselors need to convey a new perspective of the world of work.

Once upon a time we followed linear career paths, the paths that individuals could take until retirement. Waiting at the end would be the gold watch. Additionally, job security and stability existed, and the job market was fairly predictable in terms of what was expected of employees. Job descriptions were easier to write since tasks were segmented into specific jobs.

Today, job security is virtually dead, and players come and go as the needs of organizations dictate (Bridges, 1994). Stability has been replaced with downsizing, rightsizing, and re-engineering, and words such as "contract" and "temporary" workers and "consultant" are used more frequently. There are few specific jobs with tidy descriptions. Rather, there is work to be done. The focus is on employee accountability, responsibility, and flexibility with overlapping roles in various areas. What is predictable regarding the job market is that rapid change occurs. Individuals are making more career and job changes, whether by their choice or by dictate of their organizations. In this new world of work there are few linear career paths. Today the paths are spiral; individuals continually reassess their values, interests, goals, and lifestyles, and continually develop new skills. Lifelong learning is now required to avoid becoming obsolete in the workforce. As career counselors, our approaches with individuals need to change to adapt with the times.

Career counselors have heard this message about the "new world of work." If you are like me, you may be thinking that this is great information, but now what do I do with it? For example, one might ask, "What are the implications for those individuals with whom I work, and how can I best help them?" Many career development theories are in existence, such as Donald Super's, David Tiedeman's and Ginzberg and Associates' Developmental Approaches, Ann Roe's Needs Approach, John Holland's Typology Approach, and Frank Parsons' Trait-and-Factor Matching (Zunker, 1990); however, several were developed long ago when the "old world of work" existed. The theories were based on a basic, straightforward, step-by-step approach which worked effectively in the linear world of work.

Currently, with all the changes occurring in life styles, roles, technology, circumstances, organizations, relationships, and the economy, the effectiveness of step-by-step approaches has dwindled if not disappeared. Instead, career paths can be viewed as spiral paths moving in various directions. Continuing to use these approaches for career counseling in the new world of work is similar to choosing to use a typewriter over a Pentium computer.

Some new career development theories are emerging, such as Gelatt and Gelatt's Self- System-Synergy Model (1996). As career counselors, we need to become familiar with the new theories, focusing on the entire individual and the various roles of which he or she is a part. We can't look solely at one's skills, values, and interests in

Shelley Metzger, Associate Director, Career Center, Boise State University, Boise, Idaho.

isolation; rather, we need to take into account one's visions, beliefs, relationships, roles, and attitudes. Career development is no longer a once-and-done event, but is now a lifelong process and journey of self-discovery. Career counselors need to assist individuals in finding their meaning in work and what it is that will motivate them to get out of bed on a Monday morning. There is need to challenge outdated beliefs of the old world job market and educate individuals about the new world. We need to empower individuals to make career changes on their own, because this will not be the last time they will be faced with similar decisions. We also need to encourage and support individuals in these times of transition and rapid change. These processes are not accomplished by simply matching personal qualities to job traits. Career development requires a more comprehensive approach.

This new world has certainly made the career development process more complex and challenging, but it also brings a wealth of new opportunities and new personal journeys. As needs of the workforce and the workplace continuously change, so must the services we provide. As career counselors we need to convey this new perspective of the world of work rather than to focus on the gold watch.

References

Bridges, W. (1994). *JobShift*. Reading, MA: Addison-Wesley.

Gelatt, C., & Gelatt, H. B. (1996, August). *Self-system-synergy: A new model for career development*. Session presented at the annual conference of the Rocky Mountain Association of Colleges and Employers, Snowmass, CO.

Zunker, V. C. (1990). *Career counseling: Applied concepts of life planning* (3rd ed.). Pacific Grove, CA: Brooks/Cole.

Doodling: Boredom or Creative Learning?

Robert Estell

Doodling is creative learning. Anyone who is interested can become and enjoy being an artist.

I have been a compulsive doodler all of my life. When I suggested "doodling" as a serious workshop topic, it was met with a snicker, an askance expression, and then interrogation with "Why?" "What value does it have?"

Well, I had never really thought about it, but I must have doodled away miles of ballpoint ink listening to long-winded lectures, attending workshops and conferences, and waiting for calls to go through. Here are some of my thoughts about doodling.

Definition and Benefits of Doodling

Webster tells us that doodling is "to scribble or draw aimlessly or nervously, especially when the mind is elsewhere."

So, doodling is a great escape mechanism—a way for relieving stress, becoming more relaxed. An interesting phenomenon occurs when the mind is more relaxed. The mind becomes more absorbent, and soaks up more information into the subconscious. Ultimately, that information may combine with other stored knowledge. Voila! A creative new thought is born! Have you ever had a sudden vision or insight, and wondered where it came from?

Scribbling and drawing aimlessly is a technique used by accomplished artists to break through creative blocks. The technical term for it is "automatic drawing." It is said to bring unconscious ideas and symbols into visible form. Doodling is a form of creative expression, and creative self-expression is the definition of art. So, if you are a doodler, you are a creative artist. Accept it, and be glad. I have heard so many times, "But I don't have an ounce of talent." You do! Artistic talent is no more and no less than highly developed skills. Anyone who has the interest and is willing to study and practice can become an accomplished artist.

In addition, drawing develops eye-hand coordination, and you become more skillful at it every time you do it. Drawing becomes a very satisfying activity that can be done at any time and in any place. When you begin to think like an artist, you start looking at things more closely, and you question how things fit together. You see interest and beauty in everything. You have much to share with others, and life truly becomes more vibrant and appreciated.

Objectives of Doodling

My purposes in writing about doodling are to encourage you to explore, expand upon, appreciate, and enjoy your creative self-expressions to the maximum; and to share some ideas and techniques for changing those aimless scribbles into real works of art. You will want to share your drawings with others. Whether or not you become

---

Robert Estell, Art Instructor, OASIS Program, Escondido, California; Exhibits Coordinator, California Association for Counseling and Development, 1967-Present; and Guidance Director and ROP Counselor (Retired).

rich and famous, your life and those whose lives you touch will be greatly enriched.

How to Doodle Effectively

Doodling is a wonderful pastime activity that leads to creative learning. Always carry a few 3" x 5" blank cards and a ballpoint pen or a pencil with you. Any time you are waiting around, standing in the bank line, waiting for the waitress to come to your table, or waiting for a call to go through, start doodling. As you listen to lectures and presentations, start doodling. Take notes from time to time as important points are heard. You will be amazed at how much you will retain.

Make a mark on the card (or in the margin).

It doesn't matter what kind of mark you make.

Add another line.

What does it suggest? Is it a twisted leaf?

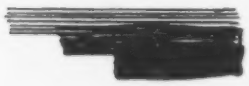
Or, perhaps, an eye?

Now that you can see what it is, fill in with a little shading and a few lines to give it form and texture.

Or, perhaps, the beginning of an abstract?

Draw some squiggly lines. *Do not take your pen off the paper.*

Allow the drawing to become whatever it will. When you see something definite in it, add depth (darker shading).



Practice the art of shading. Start by making very light lines. Then add more pressure to make the lines darker and darker until the shading is as dark as you can make it.

Draw a simple flower to the left. Add shading to the tips and to the insides. Note how the flower takes on shape.

To the right, **play with some random shapes.**

What do you see?

Let your pen wiggle and squiggle. Draw short parallel lines, crosshatches, dots, small squares, angles—whatever you choose. Create as many different textures as you can. Glaze (shade lightly) parts of them, and see how they change. Use them to enhance other drawings. **Have fun. Enjoy and share your creativity with others.**

CACD JOURNAL

An Official Publication
of the
California Association for Counseling and Development

Pat Nellor Wickwire, Editor
CACD Journal
California Association for Counseling and Development
2555 East Chapman Avenue, Suite 201, Fullerton, CA 92831
(714) 871-6460 • Fax (714) 871-5132

Guidelines for Authors

The *CACD Journal* invites manuscripts about the profession for the professional, including articles about theory and practice, applied and experimental research, current trends and issues, and innovative ideas and applications. In addition to these articles, the *CACD Journal* includes special feature sections: "Building the Counseling Profession," "Professional Practices in Counseling," and "The Personal Side of Counseling." The prospective author may request more comprehensive guidelines and practical recommendations for manuscript preparation.

- The author prepares the manuscript in the style cited in the *Publication Manual of the American Psychological Association* (4th ed.). This 1994 manual is available for purchase from the APA Order Department, P.O. Box 92984, Washington, DC 20090-2984.
- The author submits a well-organized, readable manuscript which follows guidelines to reduce bias. The author does not submit the manuscript concurrently to another publication, and does not submit a manuscript which has been previously published. The author obtains permission from the copyright source for cumulative quotations of 300 words or more. The author is responsible for the accuracy of information in the manuscript.
- The author submits an original and four copies of a manuscript no longer than 2,500 words, or about 10 pages of double-spaced typewritten copy, including references, tables, and figures, and an abstract identifying the central idea of the manuscript in 50 or fewer words. The author includes a running head on each page of the manuscript. The author submits figures and tables as camera-ready copy.
- The author submits two copies of an additional page which displays the author's name, position(s), place(s) of employment, address(es), telephone number(s), and fax number(s). The author encloses a computer disk (IBM preferred) which displays the manuscript. The author also encloses a self-addressed, stamped postcard for notification of manuscript receipt, and a self-addressed manila envelope with sufficient postage for return of the manuscript and the disk as appropriate.
- The manuscript is reviewed anonymously by four or more members of the *CACD Journal* Editorial Review Board. Review and selection may take several months. Revision and editing are expected.
- Complimentary copies of the *CACD Journal* are provided to the published author.

BEST COPY AVAILABLE

California Association for Counseling and Development
2555 East Chapman Avenue, Suite 201
Fullerton, CA 92831
(714) 871-6460

CACD Leadership Team Directory
July 1, 1998 – June 30, 1999

California Association for Counseling and Development

President	Sharon Johnson	Los Angeles
President Elect	Joe Dear	Sacramento
Immediate Past President	Mackie Jeffus	Reedley
Member-at-Large for Human Rights	Frank Gutierrez	Sacramento
Chief Financial Officer (Ex-Officio)	Robert Godinez	Ontario
Executive Vice President (Ex-Officio)	Richard Hoover	Fullerton

State Divisions

California Association for Adult Development and Aging

President	Kathleen Burns Stanton	San Diego
Member of CACD Executive Council	Gordon Footman	San Marino

California Association for Counselor Education and Supervision

President	Lonnie Rowell	La Mesa
Member of CACD Executive Council	Lonnie Rowell	La Mesa

California Association for Measurement and Evaluation in Counseling and Development

President	Pat Nellor Wickwire	Hermosa Beach
Member of CACD Executive Council	Elizabeth Stebbins	Aliso Viejo

California Association for Multicultural Counseling

President	Mary Ellen Davis	Foster City
Member of CACD Executive Council	Mary Ellen Davis	Foster City

California Association for Religious and Value Issues in Counseling

President	Norris Truman	Porterville
Member of CACD Executive Council	Mary Honer	Murrieta

California Association for Specialists in Group Work

President	Drage Watson	Redlands
Member of CACD Executive Council	Paul DeSena	Manhattan Beach

California Career Development Association

President	Sue Aiken	Walnut Creek
Member of CACD Executive Council	Gregory Jackson	Northridge
Member of CACD Executive Council	Norma Zuber	Ventura

California Rehabilitation Counselor Association

President	Martin Brodwin	San Gabriel
Member of CACD Executive Council	Martin Brodwin	San Gabriel

(Continued on Next Page)

CACD Leadership Team Directory
July 1, 1998 — June 30, 1999
(Continued)

State Divisions (Continued)

California School Counselor Association

President	Warren Sapp	Whittier
Member of CACD Executive Council	Diane Talbot	Fresno
Member of CACD Executive Council	Warren Sapp	Whittier
Member of CACD Executive Council	Loretta Whitson	Alta Loma

State Organizational Affiliates

CACD-Asian-Pacific Caucus

Interim Chair	Lily Tsuda	Sacramento
Member of CACD Executive Council	Liz Cowgill	Venice

CACD-Black Caucus

President	John Randle	Oakland
Member of CACD Executive Council	Benjamin Reddish, Jr	Stockton

CACD-California Women's Caucus

President	Peggy Smith	Los Altos
Member of CACD Executive Council	Jackie Allen	Fremont

CACD-Hispanic Caucus

President	Johnny Baltierra	Fresno
Member of CACD Executive Council	Marcelino Saucedo	Surfside

California Adult and Continuing Education Counselor Association

President	Karen Kuser	Burbank
Member of CACD Executive Council	Angie Jauregui	Los Angeles

California Community College Counselors Association

President	Alene Hamilton	Oakland
Member of CACD Executive Council	Preston Hampton	Norwalk
Member of CACD Executive Council	Jan Swinton	Fallbrook

State Chapters

Delta Sierra Association for Counseling and Development .....

Los Angeles County Personnel and Guidance Association .....

Northern California Association for Counseling and Development .....

Orange County Association for Counseling and Development

President	John Zamora	Anaheim
Member of CACD Executive Council	Wade Hawley	Huntington Beach

(Continued on Next Page)

BEST COPY AVAILABLE

CACD Leadership Team Directory
July 1, 1998 — June 30, 1999
(Continued)

State Chapters (Continued)

Riverside-San Bernardino Counties Counselor Association

President	Trish Hatch	Moreno Valley
Member of CACD Executive Council	Amanda McLeod-Weiser	Highland

San Diego Association for Counseling and Development .....

Chairpersons and Editors

Awards	Mary Honer	Murrieta
COMPASS	John Hall	North Hills
Convention Management	Richard Hoover	Fullerton
Crisis Intervention	Mary Honer	Murrieta
	Winifred Strong	Laguna Hills
Finance	Robert Godinez	Ontario
Graduate Student		
Human Rights	Frank Gutierrez	Sacramento
Human Rights Award	Frank Gutierrez	Sacramento
JOURNAL	Pat Nellor Wickwire	Hermosa Beach
Legislative Award	Martin Rosenberg	Sacramento
Membership/Marketing		
Nominations/Elections	Mackie Jeffus	Reedley
Professional Position Referral	Wade Hawley	Long Beach
Professional Standards/Ethical Practices	Jan Swinton	Fallbrook
Public Policy and Legislation	Martin Rosenberg	Sacramento
Technology-Home Page	Wade Hawley	Long Beach

Liaisons

Anne Upton Memorial Fund	Richard Hoover	Fullerton
Education Foundation	Jackie Allen	Fremont
H. B. McDaniel Foundation	Robert Godinez	Ontario
	Richard Hoover	Fullerton

CACD Headquarters Staff

Executive Vice President	Richard Hoover	Fullerton
Office Manager and Cashier	Sharon Barth	Fullerton

The *CACD Journal*

is indexed by the

Educational Resources Information Center
Counseling and Student Services
Clearinghouse

. . .

ERIC/CASS
School of Education
201 Ferguson Building
University of North Carolina at Greensboro
Greensboro, NC 27402-6171

(800) 414-9769
(910) 334-4114
Fax (910) 334-4116

Subscribe to the
CACD Journal

PER ISSUE

$8.00 Non-Member $4.00 Member

The *CACD Journal* is provided to members of the California Association for Counseling and Development as a benefit of membership.

Name _____

Institution _____

Street Address _____

City_____State_____Zip _____

Please enter my subscription

- ☐ **$8.00**
- ☐ **$4.00**

Please charge my

- ☐ **Visa**
- ☐ **MasterCard**

Card # _____

Expiration Date _____

Signature _____

Mail to
***CACD Journal* Subscriptions**
CACD
2555 East Chapman Avenue, Suite 201
Fullerton, CA 92831
(714) 871-6460 • Fax (714) 871-5132

CACD
Endorsed TDA Carrier

We'd like to introduce you to some of our top advisers.

AMERICAN CENTURY.

PUTNAM INVESTMENTS

WELLINGTON MANAGEMENT

SCUDDER INVESTMENTS

THE Vanguard GROUP.

T.Rowe Price

Franklin Templeton

NEUBERGER BERMAN

Founders Funds

Portfolio Director

What's in a name? If the name is VALIC, more than 40 years of experience in retirement savings plans, and the kind of personal service that has earned us the reputation as America's Retirement Plan Specialists.

And now, our combination fixed and variable annuity, Portfolio Director, offers funds advised or subadvised by some of the most respected names in the business.

You also have the flexibility of no-cost fund transfers via phone, personal face-to-face service, and the other benefits of *easy Retirement Plan*. So when you're selecting a retirement plan, choose a name you can trust. Call 1-800-44-VALIC. easy

VALIC
An American General Company
America's Retirement Plan Specialists™

Bay Area/Hawaii (650) 358-2900
Sacramento (916) 614-1700
Fresno (559) 228-0335
Southern California 1-800-44-VALIC
City Code 262

For more complete information about Portfolio Director, including charges and expenses, please call for a prospectus (VA 9945-1). Please read it carefully before investing or sending money. Portfolio Director is distributed by The Variable Annuity Marketing Company (VAMCO). Or reach VALIC through the Internet at: **www.valic.com** VALIC reimburses CACD for services relating to its endorsement of VALIC.

B25540.2 11/1999 www.valic.com © 1999 The Variable Annuity Life Insurance Company (VALIC), Houston, Texas

BEST COPY AVAILABLE

2000
CACD CONVENTION

California Counselors Making
A (BIG) Difference
in 2000

MARCH 16-19, 2000

SACRAMENTO
HYATT REGENCY HOTEL

See You There!

California Association for Counseling and Development
2555 East Chapman Ave., Suite 201
Fullerton, California 92831

NON-PROFIT ORG.
U. S. POSTAGE
PAID
Fullerton, California
Permit No. 1035